

# Insights from a Household Survey

## Social Inclusion Programme



## Suggested Citation

Sightsavers India Household Survey, Social Inclusion Programme,

Available from: <https://www.sightsaversindia.in/>

This publication is copyright protected but the text may be used freely for the purposes of policy advocacy, programme implementation, education, and research, with due citation in full.

## Acknowledgement

---

We sincerely appreciate the active participation of all respondents in this study, as their cooperation proved invaluable and made the research possible. Special thanks are extended to Aparna Bhasin Consulting Pvt Ltd for their pivotal role in conducting the study. Our gratitude also extends to the volunteers who dedicated their time to this research.

A heartfelt thank you goes to Mr. RN Mohanty, CEO of Sightsavers India, and Ms. Aparna Bhasin, CEO of ABC Pvt Ltd, for their facilitation and programmatic guidance throughout the study. We express our thanks to Prasannakumar, Director of Programme, and Mr. Devprakash Ramakrishnan for their unwavering support and guidance.

We acknowledge and appreciate the commitment of Programme Performance Research & Learning Department of Sightsavers India and East Area Office, State Programme Leads, Programme officers from Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and West Bengal for their field visits and support to the data collectors during the study.

# Contents

Suggested Citation .....	2
Acknowledgement .....	3
List of Abbreviations .....	5
List of Tables and Figures .....	5
Tables .....	5
Figures .....	6
Executive summary .....	8
Introduction.....	10
Background .....	11
Methods.....	16
Findings: Outcomes.....	27
Findings: Outputs .....	46
Conclusions and Recommendations .....	71
Works Cited.....	75
Annexure I .....	76
Annexure II .....	114
Annexure III .....	120
Annexure IV .....	121
Annexure V.....	122
Annexure VI.....	123
Annexure VII.....	124

## List of Abbreviations

---

ABC: Aparna Bhasin Consulting

CNG: Compressed Natural Gas

DFID: Department for International Development

FGD: Focus Group Discussion

ICRW: International Centre for Research on Women

LPG: Liquefied Petroleum Gas

OPD: Organisation of People with Disabilities

PHC: Primary Health Centre

SHG: Self Help Groups

## List of Tables and Figures

---

### Tables

Table 1: Results framework .....	15
Table 2: Sample Stratification, By State .....	18
Table 3: Quantitative Sample .....	22
Table 4: Quantitative Sample, By Type of Disability .....	24
Table 5: Qualitative Sample.....	26
Table 6: Average monthly income, by state.....	34
Table 7: Family members dependent of respondent income .....	35
Table 8: Who makes decisions for or with respondents .....	42



# Figures

Figure 1: Sustainable Livelihoods Framework (DFID, 2001) .....	12
Figure 2: A Framework to Measure Women's Economic Empowerment (Golla A. , Malhotra, Nanda, & Mehra, 2018) .....	13
Figure 3: Representation of the study methodology .....	16
Figure 4: Quantitative Sample, By Gender .....	23
Figure 5: Quantitative Sample, By Age Group.....	23
Figure 6: Number of members in the family of the respondents .....	24
Figure 7: Distribution of religion of the respondents .....	25
Figure 8: Distribution of caste of the respondents .....	25
Figure 9: Current employment, by state .....	28
Figure 10: Current employment, by type of disability .....	28
Figure 11: Nature of work, by gender .....	29
Figure 12: Respondents who worked normal number of hours in the week preceding the survey .	30
Figure 13: Reasons for working fewer than usual hours.....	30
Figure 14: Extent to which respondents have been able to work for a living as much as they needed .....	31
Figure 15: Reasons for not being able to work as much as required.....	31
Figure 16: Extent to which the workplace makes it easy or hard for respondents to work.....	32
Figure 17: Reasons for not currently being engaged in work .....	33
Figure 18: Average monthly income of respondents engaged in work .....	34
Figure 19: Asset ownership by household and individual respondent .....	36
Figure 20: Individual asset ownership by gender.....	37
Figure 21: Access to Financial Products .....	38
Figure 22: Ability to meet a sudden expense equivalent of monthly income or expenditure without asking friends or family for help .....	39
Figure 23: Day-to-day decision making about their own money .....	40
Figure 24: How day-to-day decisions are made .....	41
Figure 25: Average monthly household expenditure .....	43
Figure 26: Average monthly household expenditure on food and healthcare .....	43
Figure 27: Food Security .....	44
Figure 28: Food Security, by state.....	45
Figure 29: Consumption of different food groups more than two times per week.....	46
Figure 30: Respondents who can read and write, by gender.....	47
Figure 31: Highest level of education .....	48
Figure 32: Participation in vocational training .....	49
Figure 33: People who assist respondents in their daily lives.....	50
Figure 34: Average monthly income from all earnings.....	51
Figure 35: Savings.....	52
Figure 36: Use of savings.....	52
Figure 37: Reasons for borrowing .....	53
Figure 38: Sources of borrowing.....	54

Figure 39: Ownership of agricultural land by household and individuals, by state .....	55
Figure 40: Main source of drinking water for the household .....	56
Figure 41: Material of floor of the house .....	56
Figure 42: Material of wall of the house .....	57
Figure 43: Material of roof of the house .....	57
Figure 44: Main source of cooking fuel of the respondents' household .....	58
Figure 45: Extent to which respondents were able to access to health services, assistive devices and rehabilitation services in the last 6 months .....	58
Figure 46: Access to government health facilities .....	59
Figure 47: Access to private health facilities .....	60
Figure 48: If the primary school of the village neighbourhood went without a teacher for a long time, say six months or more, which people in the village or neighbourhood would get together to take action .....	62
Figure 49: If there were a problem that affected the entire village neighbourhood for instance crop disease who would work together to deal with the situation, by state .....	62
Figure 50: Membership in no groups, by state .....	64
Figure 51: Membership in women's groups, by state .....	64
Figure 52: Membership in OPD, by state .....	65
Figure 53: People who respondents can trust .....	67
Figure 54: Awareness of legal rights, by state .....	69
Figure 55: Awareness of legal right to adaptations that enable them to do their job to the best of their ability, by state .....	69

# Executive summary

---

## Background information

Sightsavers India's efforts towards social inclusion concentrate on economic empowerment, strengthening of organisations of persons with disabilities (OPDs) and creation of an enabling environment. More specifically, in the area of economic empowerment, the organisation aims to facilitate access to and engagement of persons with disabilities in livelihoods – including employment, enterprise and social protection. To do this, specific districts and states of India which performed poorly on existing indicators were identified to target organisation programming.

## Purpose of evaluation

The study has been carried out to gauge the current situation of persons with disabilities in targeted locations. The results of the study will inform the design of Sightsavers India's social inclusion programming, with an emphasis on economic empowerment. The study will also serve as a baseline to measure impact of programming in the future.

## Evaluation approach

The study framework was derived from the original programme results framework and was focused on capturing both output and outcome level data. In order to do this a convergent mixed-methods research design was employed, which involved collection, collation and analysis of both quantitative and qualitative data. A simultaneous review of literature informed both the approach and design of the study, playing a pivotal role in shaping the study framework as well as tool design.

## Main findings and recommendations

At the outcome level with a focus on economic empowerment, key findings of the study include:

- Only one third of persons with disabilities were engaged in work with variations by gender, type of disability and state.
- Self-employment from home was the most commonly reported form of work for persons with disabilities currently engaged in work, although a very small proportion of respondents reported running a business or enterprise.
- Almost three quarters of all respondents reported that they are unable to work as much as they needed with physical accessibility being the most common reason.



- The average income of respondents currently engaged in work varied significantly by state and gender. Additionally, qualitative data indicated that income and earnings for almost all persons earning was insufficient to meet expenses.
- Financial resilience is an area of challenge for respondents with less than a quarter of all respondents reporting the ability to meet sudden expenses without asking friends and family for help. Additionally, approximately one third of all persons with disabilities had no assets in their name, and this was higher for females than males.
- Recognising the role of power and agency in economic empowerment – we found that less than half of all women with disabilities and approximately two thirds of men with disabilities reported making decisions about their own money.
- Expenditure was used as a measure of well-being. Respondents reported majority of household expenditure was on essentials with rations, healthcare and education being the most prominent.
- Food insecurity was very high amongst respondents with significant variations by state.

While at the output level, key findings and therefore recommendations of the study are:

- Persons with disabilities need access to multiple avenues for generating income which will require a multitude of approaches including: raising awareness on available job opportunities and the right to reasonable accommodation; building awareness amongst employers to create an enabling environment and actively hire persons with disability; and providing assistance support and guidance to enhance and improve self-employment opportunities.
- Improving access to vocational training but with a focus on placement and/or sustainable income generation opportunities, as currently many individuals report limited outcomes from participating in vocational training.
- Removing barriers to school retention and completion to improve education outcomes for persons with disabilities.
- Once sustainable income generation avenues have been created, focus on encouraging and providing avenues for formal savings generation. Currently, access to savings is limited, also resulting in resorting to borrowing to meet daily expenses.
- Building financial capital for persons with disabilities by encouraging attainment of assets both business and personal, particularly agricultural land in their own name.
- Creating better access to formal sources of capital through SHGs and linkages to formal loans. Furthermore, expanding and building upon membership in formal groups such as SHGs and OPDs.
- Provision and development of durable housing for persons with disabilities by creating linkages with existing housing schemes.
- Improving access to and awareness of government health services is a critical recommendation as persons reported very limited access to health services, assistive devices and rehabilitation services.
- Programming that focuses on community building and sensitisation needs to be prioritised as a lack of social cohesion, as a well as a lack of support and respect from the community emerged as an important theme.
- Building greater awareness on the rights of persons with disabilities and the RPwD Act of 2016 both for persons with disabilities as well as the local community and government stakeholders

# Introduction

---

Sightsavers India is a development organisation working in India since 1966 to eliminate avoidable blindness and to ensure that people who are irreversibly blind are supported adequately to lead lives of independence and dignity. The organisation works with governments and local, national, and regional organisations to treat eye conditions and diseases; and to advocate for the rights of people with visual impairments and other disabilities. The three core areas of their work include: eye health; inclusive education, and social inclusion.

In the area of social inclusion, the organisation concentrates on economic empowerment, strengthening of organisations of persons with disabilities (OPDs) and the creation of an enabling environment. More specifically in the area of economic empowerment, the organisation aims to facilitate access to and engagement of persons with disabilities in livelihoods – including employment, enterprise and social protection.

Sightsavers India identified specific blocks, districts and states of India to target their efforts towards economic empowerment of persons with disabilities. These were blocks which performed poorly on existing indicators and measures available.

In order to design and implement effective interventions towards economic empowerment, the organisation recognised the need to conduct a baseline assessment to understand the current context and needs of the communities being served. Aparna Bhasin Consulting (ABC) was tasked with conducting a baseline study to this end. This report presents the findings from the aforementioned research.

# Background

---

## Economic Empowerment

Sightsavers India has a developed results framework for their social inclusion project, which includes objectives and outcomes towards economic empowerment of persons with disabilities. The defined objective of the programme towards this goal is to facilitate participation of persons with disabilities in employment, access to social protection and livelihood opportunities. The outcomes highlighted include: improved stakeholder participation to ensure access to financial and business development services by persons with disability; improved delivery of disability inclusive social protection entitlements; and improved access to employment and livelihood.

Using this framework as a foundation, the ABC team studied the existent economic empowerment literature available. More specifically the goal was to identify frameworks for economic empowerment including relevant measures and indicators. Two frameworks that were most closely aligned with the Sightsavers India results framework were identified: DFID's Sustainable Livelihoods Approach and Framework (DFID, 2001); and Definitions, Framework & Indicators for Women's Economic Empowerment by the International Center for Research on Women (Golla A. , Malhotra, Nanda, & Mehra, 2018). Both frameworks are detailed below and were used to create the study framework detailed in the next section.

## Sustainable Livelihoods Framework (DFID, 2001)

The Sustainable Livelihoods Approach aims to put people at the centre of development and the framework was developed to help understand and analyse livelihoods of the poor. The authors recognise that as with any other framework, it provides a simplification of the full diversity and richness of livelihoods.

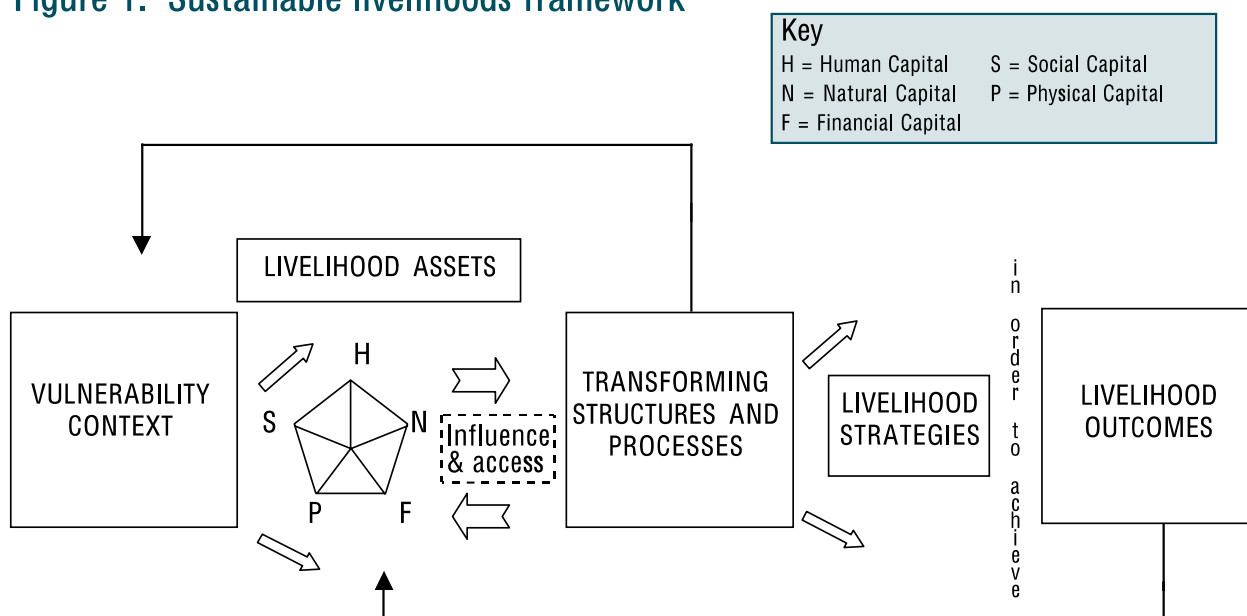
The framework, a schematic of which is presented in Figure 1 below, views people as operating in a context of vulnerability and tries to understand how access to and combinations of livelihood assets along with an enabling environment can influence livelihood outcomes.

The livelihoods assets included in the framework are human capital, natural capital, financial capital, social capital and physical capital. Further research identified an additional livelihoods asset as political capital (Baumann & Sinha, 2001).

This framework has been incorporated into the measurement framework for this study and is detailed further in the next section.

Figure 1: Sustainable Livelihoods Framework (DFID, 2001)

**Figure 1. Sustainable livelihoods framework**

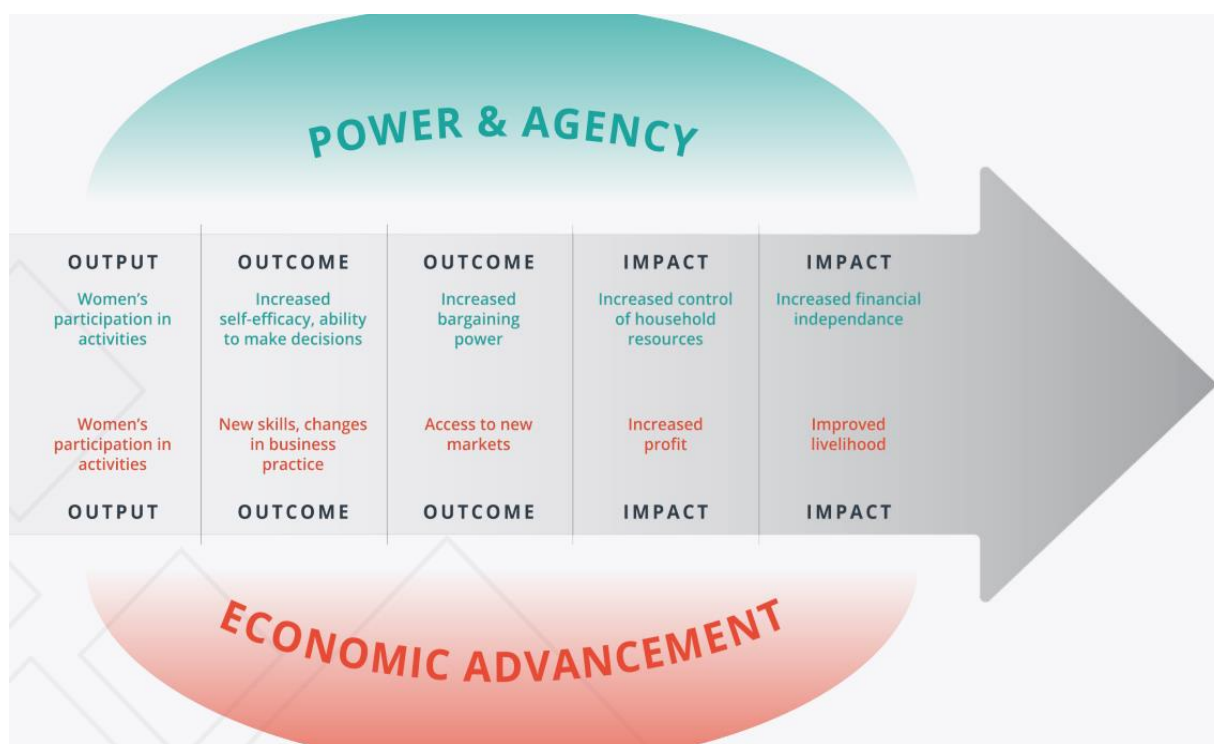


## Women's Economic Empowerment Framework (Golla A. , Malhotra, Nanda, & Mehra, 2018)

This approach to economic empowerment recognises that in order for a woman to be economically empowered, she must both have the ability to advance and succeed economically (economic advancement), and the power to make and act upon economic decisions (power and agency). Moreover, they recognise that both components are necessary, and also inter-connected.

The framework also details that in order to achieve economic empowerment, organisations working towards this mission must address the underlying factors that contribute towards it including resources at the individual and community level, as well as the norms and institutions that govern society. The researchers further created a framework to measure women's economic empowerment, provided in Figure 2 below. Elements from this measurement framework were incorporated into the study framework detailed in the next section.

**Figure 2: A Framework to Measure Women's Economic Empowerment (Golla A. , Malhotra, Nanda, & Mehra, 2018)**



## Project Activities

Economic empowerment districts were identified by the Sightsavers India team – that is specific districts within each of the 8 states where social inclusion programming is implemented to concentrate programming efforts towards economic empowerment. In order to optimise the use of resources, districts in 6 of the 8 states were selected for the study:

1. Mahasamund, Chhattisgarh
2. Hazaribag, Jharkhand
3. Katni, Madhya Pradesh
4. Kalahandi, Odisha
5. Dungarpur, Rajasthan
6. Howrah, West Bengal

Although the study was designed as a baseline, at the time of data collection project activities had already begun across all locations. As project implementation could impact the outputs and outcomes being assessed in the study, we have listed the project activities that have been implemented. It will be important to keep these in mind while reviewing the findings.

- Collecting data to build a verified database of persons with disabilities across the district
- Collaboration, consultation and networking at the district and state level to foster an enabling environment
- Establishing, strengthening and developing collective leadership of OPDs
- Establishing linkages with training and skill development institutions

- Building partnerships with beginning the process of sensitising private employers
- Designing interventions that specifically target and support persons with disabilities facing multiple vulnerabilities
- Initiating employability and soft skill training for persons with disabilities
- Facilitating access to social security schemes and other entitlements
- Promoting and supporting the formation of self-help groups

## About the Study

### Rationale

This study has been carried out to gauge the current situation of persons with disabilities in targeted locations. The results of the study will inform the design of Sightsavers India's social inclusion programming, with an emphasis on economic empowerment. The study will also serve as a baseline to measure impact of programming in the future.

### Objectives

The objectives of the study were laid out by the programme team and include:

- Capturing socio-cultural and economic data of persons with disability in the program districts under Sightsavers India's National Social Inclusion Program.
- Creating a benchmark by capturing a baseline for identified indicators in the programme's results framework.
- Emphasizing outcomes and outputs related to economic empowerment within the results framework, specifically:
  - Access to livelihoods
  - Delivery of social protection
  - Access to livelihood assets

### Framework

Table 1 below details the framework used throughout the study. The framework was derived from the original programme framework using the literature presented in the background section of this report. The goal was to identify measurable indicators at all levels in order to meet the study objectives.

As mentioned in the objectives, the study is focused on capturing data at the output and outcome levels. The output level provides important insight for programme design while the outcome level serves as a baseline for future impact. The study also captured qualitative data towards the goal of the programme, which has been presented along with the outcome findings.



**Table 1: Results framework**

Narrative	Indicators
<p><b>Goal</b> Persons with Disabilities are empowered socially, economically and politically in an inclusive society</p>	<ul style="list-style-type: none"> <li>• Equal access and outcomes in livelihoods</li> <li>• Stakeholder commitment to disability inclusive development</li> <li>• Active participation, representation and leadership in society</li> </ul>
<p><b>Outcome</b> Persons with disabilities in the intervention districts of the eight project states are economically empowered: they lead a self-reliant life, exercise their rights, and have financial independence through networking and self-governance</p>	<ul style="list-style-type: none"> <li>• Access to sustainable livelihood opportunities</li> <li>• Engagement in sustainable livelihoods</li> <li>• Financial independence</li> <li>• Financial resilience</li> <li>• Self-efficacy</li> <li>• Decision-making</li> <li>• Household Expenditure (Towards Well-Being)</li> <li>• Food Security</li> </ul>
<p><b>Output</b> Participation in and access to livelihood opportunities, social protection, and the necessary facilitators for persons with disabilities</p>	<ul style="list-style-type: none"> <li>• <b>Human Capital:</b> Education, Skills, Vocational Training, Health, Engagement in work, Ability to work</li> <li>• <b>Social Capital:</b> Access to networks, Membership in groups, Access to markets, Relationships of trust</li> <li>• <b>Natural Capital:</b> Access to land, natural resources and entitlements</li> <li>• <b>Physical Capital:</b> Access to Infrastructure and services</li> <li>• <b>Financial Capital:</b> Earnings and income, Savings, Access to credit, Access to financing, Access to social protection</li> <li>• <b>Political Capital:</b> Access to rights and entitlements including social schemes, Access to social protection</li> </ul>

It is important to note the definition of livelihoods that has been employed in this framework, which differs slightly to the programmatic use of the term. DFID (DFID, 2001) defines livelihoods as “the capabilities, assets and activities required for a means of living.” This definition includes employment in a job, self-employment and entrepreneurship.

# Methods

---

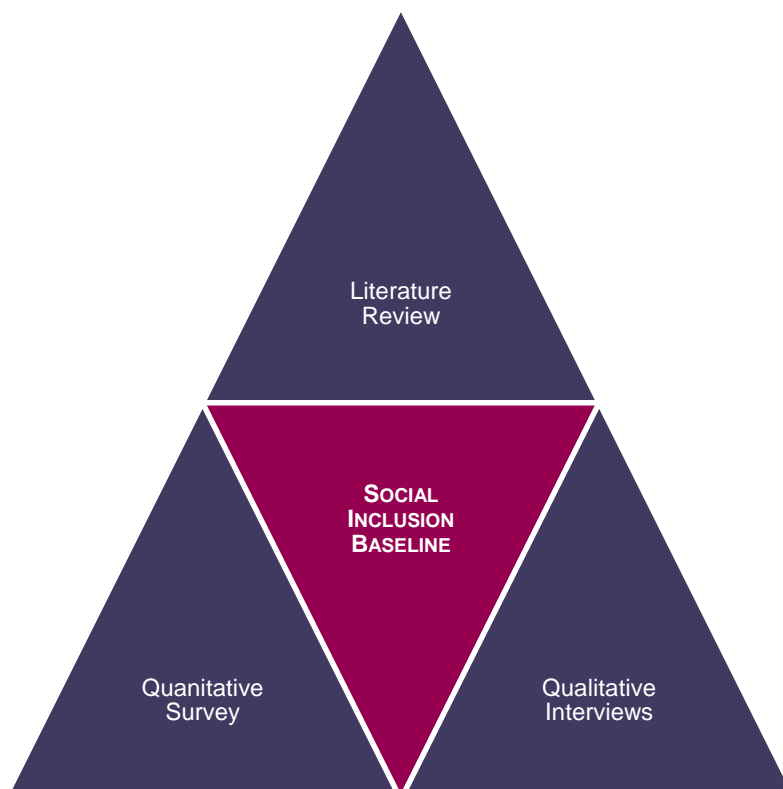
## Design

The study employed a convergent mixed-methods research design, which involved concurrent collection of both quantitative and qualitative data. These different data types were subsequently analysed independently and triangulated to derive comprehensive conclusions.

The motivation behind this design was to harness the unique strengths of quantitative and qualitative data while mitigating their distinct weaknesses. Additionally, the simultaneous implementation allowed for efficiency in resource utilisation.

A literature review informed both the approach and design of the study, playing a pivotal role in shaping the study framework detailed above as well as tool design. Figure 1 below illustrates the methodology and data collection that informed the study.

**Figure 3: Representation of the study methodology**



## Tools

As mentioned above, secondary research was used to build on the indicators in the results framework and design an effective quantitative survey. The full survey is provided in Annexure I. The survey included questions to assess both outcome and output indicators from the study framework given above.

In order to capture data that is useful for programming but also comparable with secondary sources, we referred to and incorporated questions from existing literature and tools. Tools and sources referred to include: NSS 76<sup>th</sup> Round Survey Questions (India - National Statistical Office, 2019); The Washington Group ILO Labour Force Survey Disability Module (The Washington Group on Disability Statistics, 2023); The Rapid Assessment of Disability (The Nossal Institute for Global Health and the Centre for Eye Research Australia, 2015); Hunger Watch Survey (The Right to Food Campaign, 2022); OECD International Network on Financial Education (OECD, 2020); and Community Based Inclusive Development (IDDC, 2012)

The qualitative tools included semi-structured FGDs and interviews and were designed to focus on providing depth and also understanding successes of interventions implemented thus far. The interview guides for all stakeholders can be found in Annexure II.

## Sampling

The overall quantitative sample was calculated at a 95% confidence level and with a confidence interval of 5. A 20% buffer was added to the overall sample to account for non-response, which resulted in a target sample size of 462 individuals.

The sample was then stratified by both state and type of disability. However, this was to ensure representation - as a result of the small sample size, findings are only significant at the overall level.

Data available with the Sightsavers India team on each programme district and state was shared with the research team and utilised to calculate the sample distribution in each state. The sample for each state was calculated as a proportion of the total population with disabilities identified in the target district. This calculation is detailed in Table 2 below.

**Table 2: Sample Stratification, By State**

State	District	Block	No. of persons with disability	% of population	Sample
Chhattisgarh	Mahasamund	Mahasamund	10,028	7%	32
Jharkhand	Hazaribagh	Chauparan Katkasamandi	23,286	16%	75
Madhya Pradesh	Katni	Katni	11,703	8%	38
Odisha	Kalahandi	Junagarh	15,332	11%	49
Rajasthan	Dungarpur	Bichhiwara	33,774	24%	109
West Bengal	Howrah	Amta II	49,146	34%	158
<b>Total:</b>			<b>1,43,269</b>	<b>100%</b>	<b>462</b>

Within each state, one block was selected for data collection, for ease of implementation, also given in the table above. In Jharkhand two blocks were selected due to insufficient data available in the existing database.

Individual respondents were then randomly selected from the database shared by the Sightsavers India State teams. Each state list was stratified by type of disability to ensure representation of persons with different types of disability to the extent possible. The stratification was aligned with the prevalence of types of disabilities in the NSS 76<sup>th</sup> Round for rural India: only locomotor disability (57%); only visual disability (9%); only hearing disability (9%); only speech and language disability (4%); only intellectual disability (4%); only mental illness (4%); any other disabilities (4%) and multiple disabilities (9%) (India - National Statistical Office, 2019).

The sample for the qualitative data collection was selected purposively and by convenience sampling by the Sightsavers India State teams. The original design was to capture the same number of data points in each state, including: data from persons with disabilities who were members of either local OPDs or SHGs (3 FGDs), positive deviants or individuals with disabilities from the relevant blocks who had seen some economic and financial success (2 interviews), government officials (2 interviews) and private employers (1 interview).

## Data Collection

Survey data was collected from each of the six states by investigators trained by ABC team members. Investigators were persons with disabilities local to the district of data collection and were selected by the Sightsavers State and district teams. The pre-defined qualifications for investigators included a minimum completion of 10<sup>th</sup> standard education, comfort reading the language of the survey (Hindi, Bengali or Odiya), basic fluency with technology and access to a device, and the ability to travel, preferably with their own vehicle.

Trainings were conducted in-person, which started with giving participants a background on the project. This was followed by a tool walkthrough, including a question-by-question run-through of the entire survey tool, explanation of the questions and their options, including possible alternate responses and the corresponding options in the survey. Once this was done, a mock interview was conducted by the ABC team members, where one member would play the part of the respondent while the other would be the interviewer. Questions would be asked as if in an actual survey, and all the participants would fill the answers on their respective devices, comparing answers, asking for clarifications and clearing doubts. This was followed by practice sessions among the participants in smaller groups, where one of them would be the respondent while another would be the interviewer, till everyone had been able to practice sufficiently. ABC team members supervised this process closely in each state.

The above described training was conducted over the course of 2-4 days in all the states. After the first few practice sessions, the ABC team would then finalise the investigators who they thought had been able to grasp the nuances of the survey best and seemed fit for data collection. This was followed by one day of data collection in the field, with ABC team members shadowing the interviewers to gauge their ability to effectively interact with respondents, ask questions in a way in which the respondents could best understand them, and capture them on their devices in the correct manner. Once this process was over, the investigators for data collection were finalised. A list with the number and gender of investigators in each state is provided in Annexure III.

Investigators then collected data from the provided sample in the weeks immediately following the training. The ABC visited each of the 6 states for training and qualitative data collection between the 26<sup>th</sup> of December, 2022, and 16<sup>th</sup> March, 2023. Annexure IV details the activities of each visit.

Qualitative data was collected from OPD and SHG members to gain insights into their functioning, successes and challenges faced, both at individual and organisational levels, and their vision of the way forward. Individual interviews were also conducted with persons with disabilities from the local districts who had seen some success in becoming financially independent, to gain insight into the reasons for their success and to look at ways of using it as a model for others in the area (positive deviance). Interactions were also held with government officials and private employers in the area to identify schemes, services and avenues for employment that could be built upon by the Sightsavers teams for future programming.

In both qualitative and quantitative data collection we aimed to use a gender-sensitive and inclusive approach.

## A Gender Sensitive Approach

We aimed to incorporate a gender-sensitive approach to all aspects of the research including: striving for diversity of the research team, designing tools to ensure a balanced perspective, reviewing to ensure freedom from stereotyping and bias, providing space for differing gender experiences to emerge, incorporating proportional diversity in the sample, using gender-sensitive language, providing disaggregated and applied reporting and recommendations where possible.

## An Inclusive Approach

In this study, we also aimed to use inclusive methodologies, instruments and data collection methods. This included due consideration for the design of the study, the types of tools used, collection procedures adopted, specialised communication requirements of data collectors, and training provided to the research team. Additionally, we strived to ensure that data analyses and results represented the experience of People with Disabilities where applicable.

In planning for and conducting data collection, we also ensured the following ethical considerations were taken:

- **Informed Consent:** we informed respondents of the details of the research study, and what the data would be used for to ensure they understand the implications of their participation. Their consent was obtained using communication that ensured they do not feel any obligation in participation. Consent was also taken in writing where possible for the quantitative survey.
- **Confidentiality:** the level of confidentiality which could be assured was realistically assessed, and explained to the respondents in communication that was easy to understand. Data collected is kept confidential and will not be shared with third-parties outside the parties to the study.
- **Anonymity:** this meant that a person looking at the data would not be able to tell which respondent has provided a certain set of responses. Where possible, data was also collected anonymously and the same was communicated to the respondents.

## Data Analysis

The quantitative data from all states was cleaned, collated and analysed using Microsoft Excel. Analysis disaggregated data by gender, state and type of disability where possible to provide insight and learnings.

Qualitative data was transcribed, coded and thematically analysed. Quantitative, qualitative and additional secondary research were then triangulated, the analysis of which is presented in this report.



## Limitations

Although efforts were made to be as thorough and accurate as possible in collection, collating and analysing data, the study has a few limitations that must be considered while reviewing the results.

- **Language Barriers:** Language may have served as a barrier to gaining greater depth in the qualitative interviews, FGDs and even the investigator trainings. In states like Jharkhand and Rajasthan, participants, although conversant in Hindi, preferred to communicate in the local dialects, which made it slightly more difficult to completely comprehend the questions put to them. In Odisha, we had to rely on the assistance of a translator to conduct the interviews and FGDs, who would translate our questions from Hindi to Odia, and then translate the respondent responses from Odia to Hindi. This could have led to the true intent behind the questions, and subsequently the responses being lost in the process.
- **Privacy:** Although we attempted to conduct all data collection without members of the implementing partner or local Sightsavers team present, in some cases such as interviews with government officials this was not possible, and could have influence the data gathered.
- **Sampling Bias:** The quantitative sample was not completely random but instead taken from a pre-existing, verified database available with the Sightsavers State teams and therefore may not be completely representative of the larger population. Similarly, the qualitative data was based on convenience sampling of individuals that the programme teams are already connected with.
- **Inadequate Sample:** For the planned qualitative sample, in some states respondents were challenging to identify. This was especially true for positive deviants or individuals with disability who have seen some economic and financial success, as well as accessible private employers. Therefore meaningful data collection from these stakeholders was limited.
- **Accuracy of Response:** The survey in order to cover all the relevant areas necessary for measuring economic empowerment was quite lengthy and complex, with multiple questions used to measure the same area and several skip questions in the survey execution. Both the complexity and length of the survey could have led to challenges with comprehension by both the trained investigators and respondents – impacting the accuracy of responses collected.
- **Insufficient Investigators:** Identifying investigators who met the required criteria detailed above and had the flexibility and availability for surveying was challenging in many areas. This led to a few number of investigators in some states completing a large number of surveys (for example in Rajasthan only one investigator was identified for 107 surveys).
- **Insufficient Training:** Upon implementation of the investigator training and keeping in mind the complexity and length of the survey, in many locations the time allotted to training was insufficient to ensure meaningful capacity building and therefore accuracy in implementation by investigators.
- **Lack of monitoring:** As the ABC team is not based in the local districts of the data collection, the investigators following training and shadowing had minimal oversight and monitoring during data collection.

## Sample

Quantitative data was collected from 6 of the 8 programme states - Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and West Bengal - between 2022 and 2023. The investigators identified were persons with disabilities residing in the local districts who were trained by the ABC team.

A total of 457 respondents were included in the survey, spread across the six states. The greatest proportion of respondents were in West Bengal (34%) while the smallest sample was from Chhattisgarh (7%) as seen in Table 3 below. Sampling by state was stratified as detailed in the sampling section above.

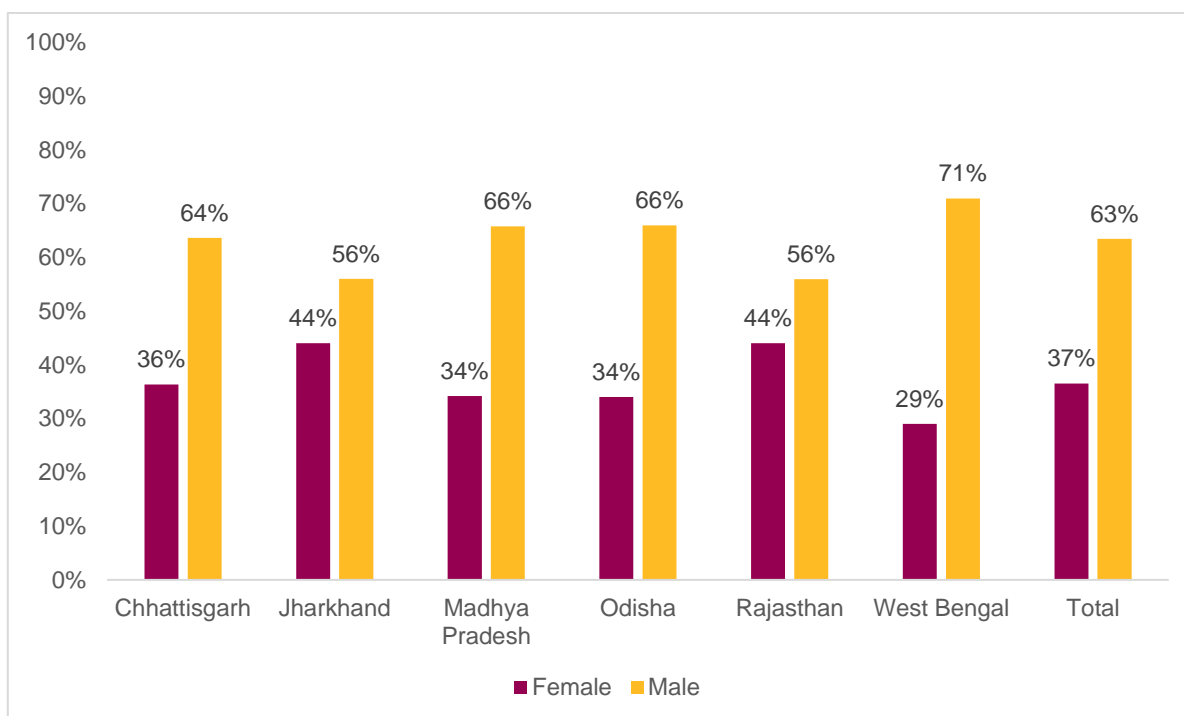
**Table 3: Quantitative Sample**

Sr.	State	Sample	Percentage
1.	Chhattisgarh	33	7%
2.	Odisha	47	10%
3.	Rajasthan	109	24%
4.	Jharkhand	75	16%
5.	Madhya Pradesh	38	8%
6.	West Bengal	155	34%
<b>Total</b>		<b>457</b>	<b>100%</b>

A greater proportion of respondents were male (63%) while 37% were females, as shown in Figure 4 below along with the break up by state. This is aligned with the NSS 76<sup>th</sup> Round findings which indicated a greater prevalence of disability amongst males (2.4%) as compared with females (1.9%) (India - National Statistical Office, 2019).

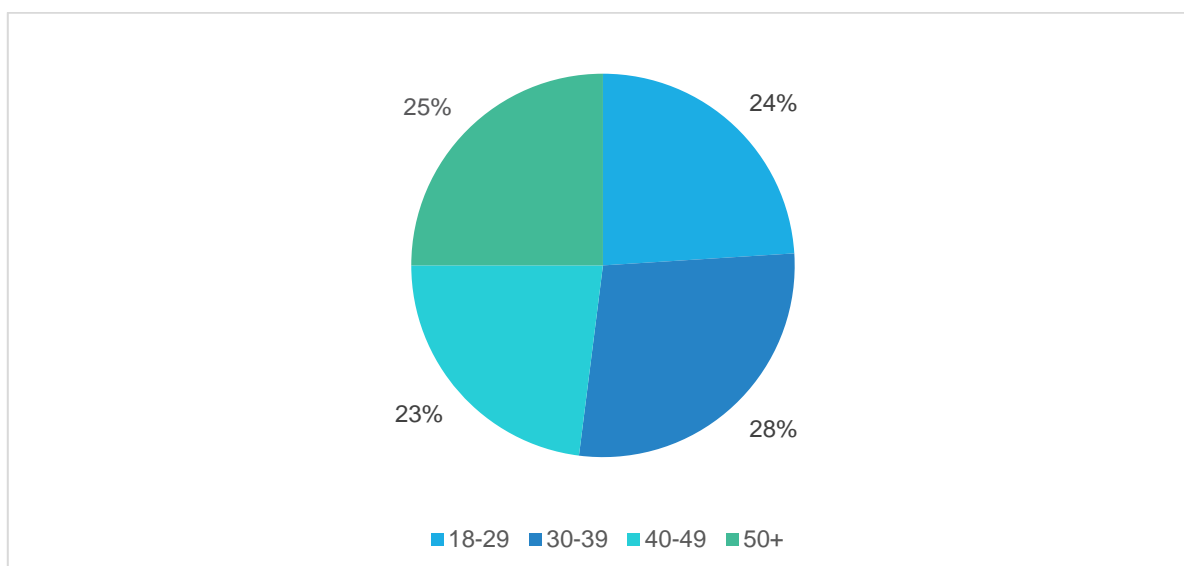
However, it is important to note that the sample may not be representative of the larger population of persons with disability but instead reflects the database that is currently available with the programme team which has a greater proportion of males as compared with females.

**Figure 4: Quantitative Sample, By Gender**



We only included respondents ages 18-59 in the study, however due to inaccuracies in the database, a few respondents were over the age of 60. The age break-up of the final sample is given in Figure 5 below. There is a fairly balanced split with 24% of respondents in the 18-29 age group; 28% in the 30-39 age group, 23% in the 40-49 age group and 25% greater than 50.

**Figure 5: Quantitative Sample, By Age Group**



Although during the study design the goal was to stratify the overall sample by type of disability, due to unavailability in the database that formed the base of the sample, this was not completely possible. Table 4 below presents the overall quantitative sample by type of disability.

Individuals with locomotor disability formed the largest portion of the sample (66%) as shown in Table 4 below. There were 10% of respondents who reported blindness or low vision and only 1% of respondents with multiple disabilities. It will be important to keep in mind the break-up of the sample when reviewing the results, as representation from certain groups was limited.

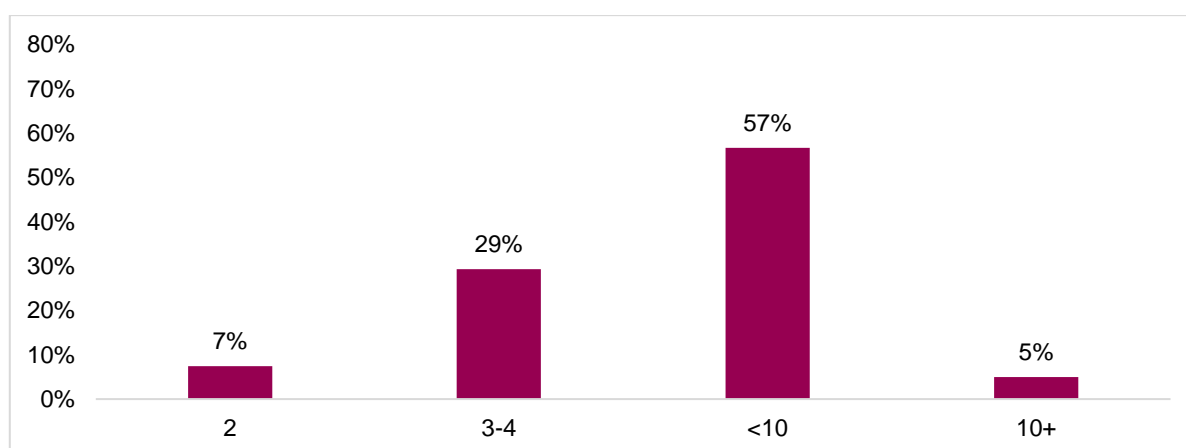
**Table 4: Quantitative Sample, By Type of Disability**

Sr.	Broad Type of Disability	Sample	Percentage
1.	Locomotor Disability	303	66%
2.	Visual Disability	47	10%
3.	Hearing Disability	41	9%
4.	Speech and Language Disability	11	2%
5.	Intellectual Disability	21	5%
6.	Mental Illness	19	4%
7.	Other Disabilities	11	2%
8.	Multiple Disabilities	4	1%
<b>Total</b>		<b>457</b>	<b>100%</b>

We identified demographic details of respondents' families as well. Majority of the respondents (57%) had 5-9 members in their family, while 29% had 3-4 members as shown in Figure 6 below.

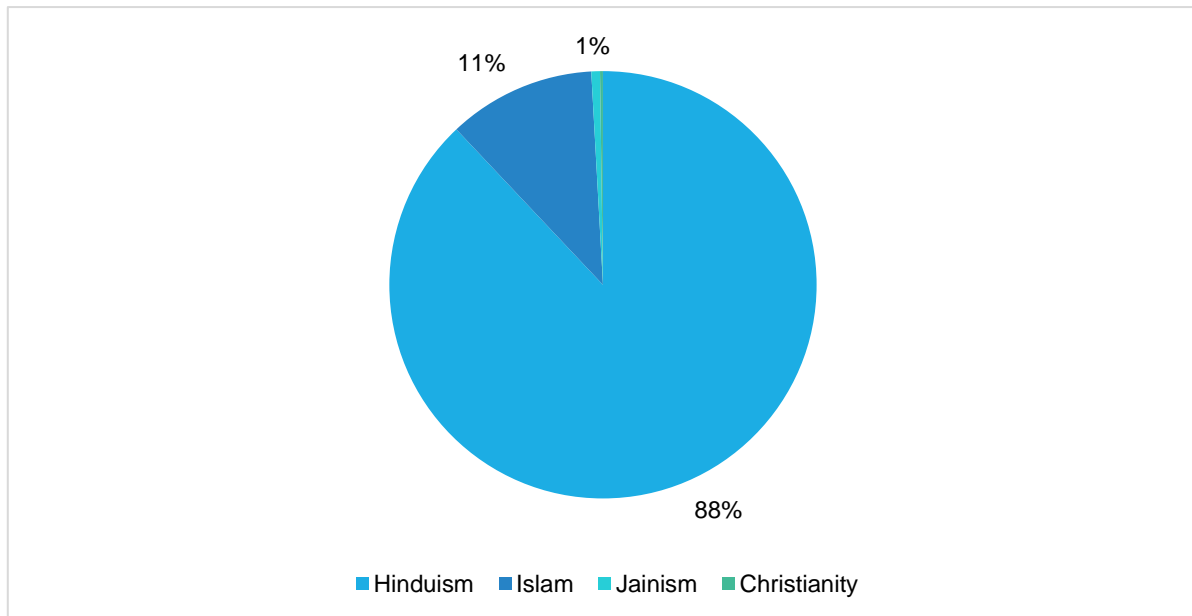
We asked respondents about prevalence of disability within their family, 13% of respondents identified other family members with disabilities.

**Figure 6: Number of members in the family of the respondents**

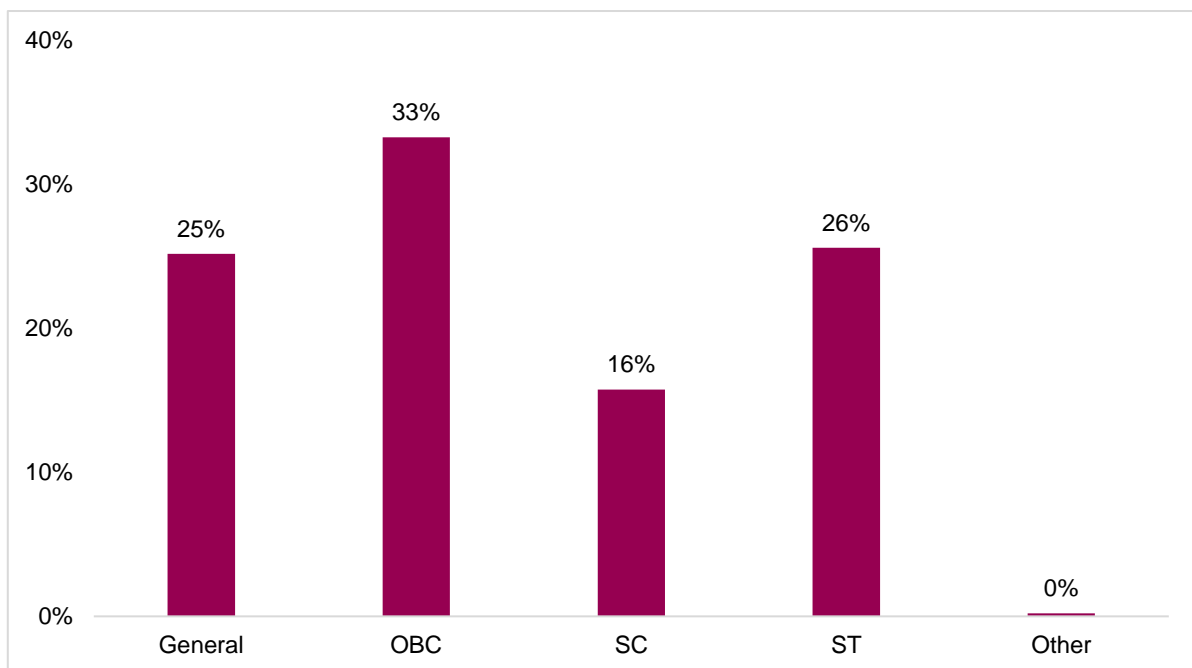


As shown in Figure 7 below, 88% of the respondents followed Hinduism, while 11% followed Islam. The majority of respondents (33%) belonged to the OBC category, while 25% were General and 26% were ST.

**Figure 7: Distribution of religion of the respondents**



**Figure 8: Distribution of caste of the respondents**



For the qualitative aspect of the study, the ABC team collected data from each state at the same time as the training for quantitative investigators was delivered.

Focus group discussions included persons with disabilities who were members of either local SHGs or recently formed OPDs in the selected districts. We also aimed to identify up to two positive deviants in each state – defined as individuals who have seen some success in livelihoods and could provide learning for future programming. In each state we also interviewed government officials from different, relevant departments. A brief of the qualitative sample is given in Table 5 below, and a detailed list provided by each visit in Annexure IV.

**Table 5: Qualitative Sample**

Sr.	Stakeholder	Method	Sample Size		
			Female	Male	Total
1.	Persons with Disabilities	FGDs	95	61	156
2.	Persons with Disabilities Currently Engaged in Work	Interviews	6	7	13
3.	Government Officials	Interviews	11	2	13
4.	Private Employers	Interviews	0	1	1



# Findings: Outcomes

---

## Economic Empowerment

Economic empowerment is one of the intended outcomes of Sightsavers India's Social Inclusion Programme. The data collected and presented in this study therefore serves as a baseline to provide insights on the impact of programming in the future. However, it is important to note that the baseline was captured after approximately one year of intervention had already been initiated. The interventions that have been implemented thus far are summarised in the background section.

ICRW recognises that in order for women to be economically empowered they must have the ability to "succeed and advance economically and also the power to make and act on economic decisions" for themselves and their households (Golla A. , Malhotra, Nanda, & Mehra, 2018). We applied this framework to understand economic empowerment of persons with disabilities.

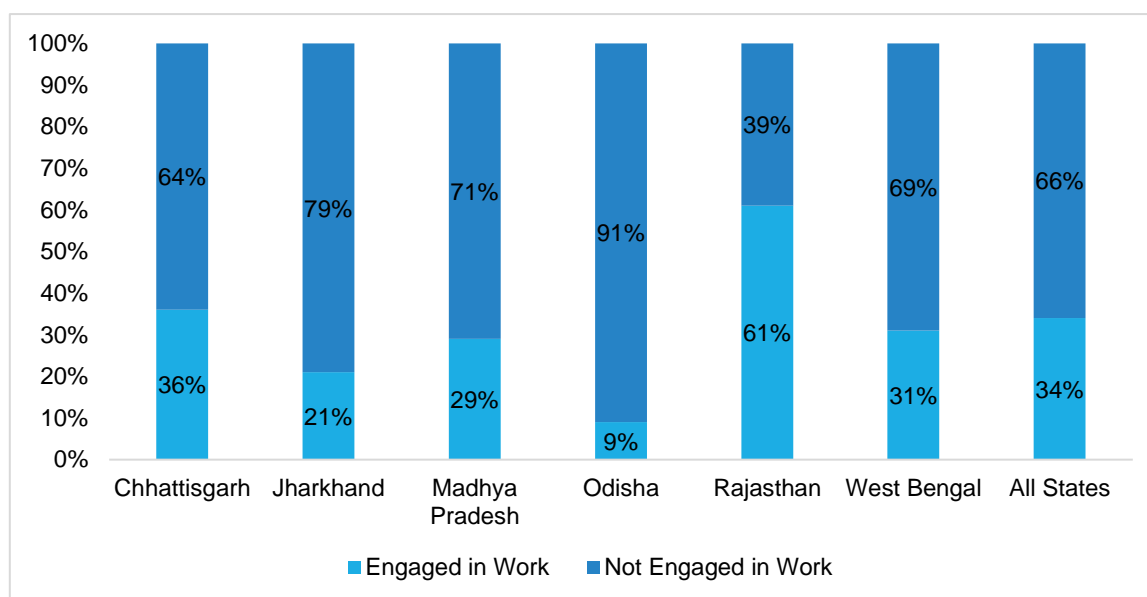
To capture economic success and gains we included measures such as access to and engagement in sustainable livelihoods (employment and enterprise), financial independence, expenditure on well-being and consumption. While to better understand the power and agency of persons with disabilities we looked at structure of decision making within households, particularly in relation to economic decisions. A summary of key indicators by state can also be found in Annexure V.

## Livelihoods

Approximately one third (34%) of all persons with disabilities in the study sample engaged in work at the time of the survey. This is higher than the findings of the NSS 76<sup>th</sup> Round, where the labour force participation rate was 24.5% for persons with disabilities in rural India over the age of 15 (India - National Statistical Office, 2019). This may be as our sample only included persons with disability in the 18-59 age range, or also possibly resulting from the project interventions that have already been implemented.

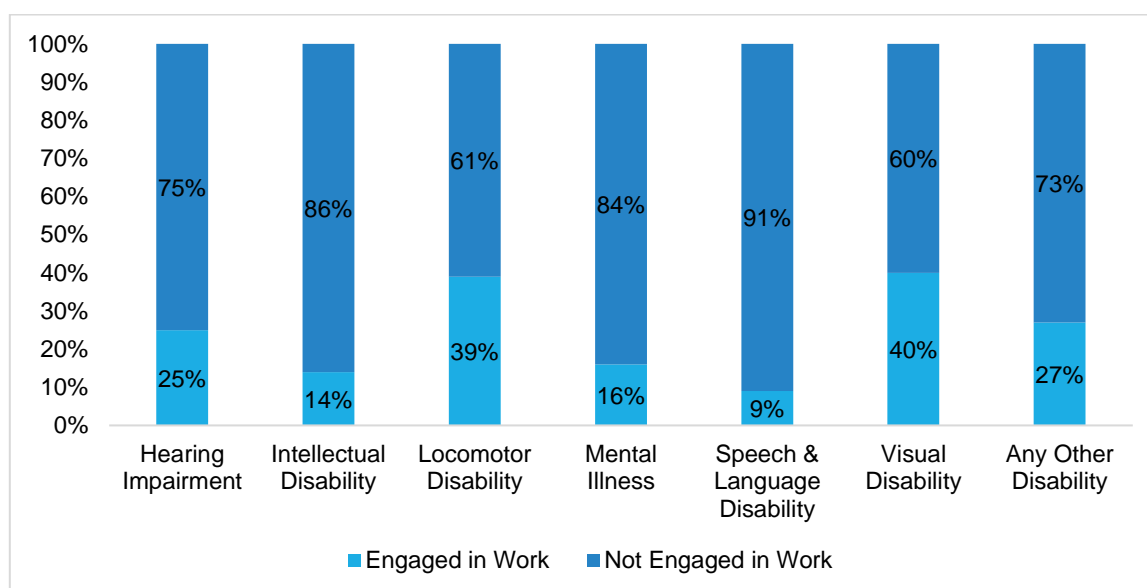
As displayed in Figure 9 below, this varies greatly by state. In Rajasthan 61% of individuals reported being currently engaged in work, as compared with 9% in Odisha. We also found differences by gender, with 25% of females engaged in work as compared with 40% of males.

**Figure 9: Current employment, by state**



As displayed in Figure 10 below there was also variation by the type of disability of the respondent. Approximately 40% of respondents with locomotor disabilities and visual disabilities were currently engaged in livelihoods, as compared with 9% of respondents with speech and language disabilities.

**Figure 10: Current employment, by type of disability**



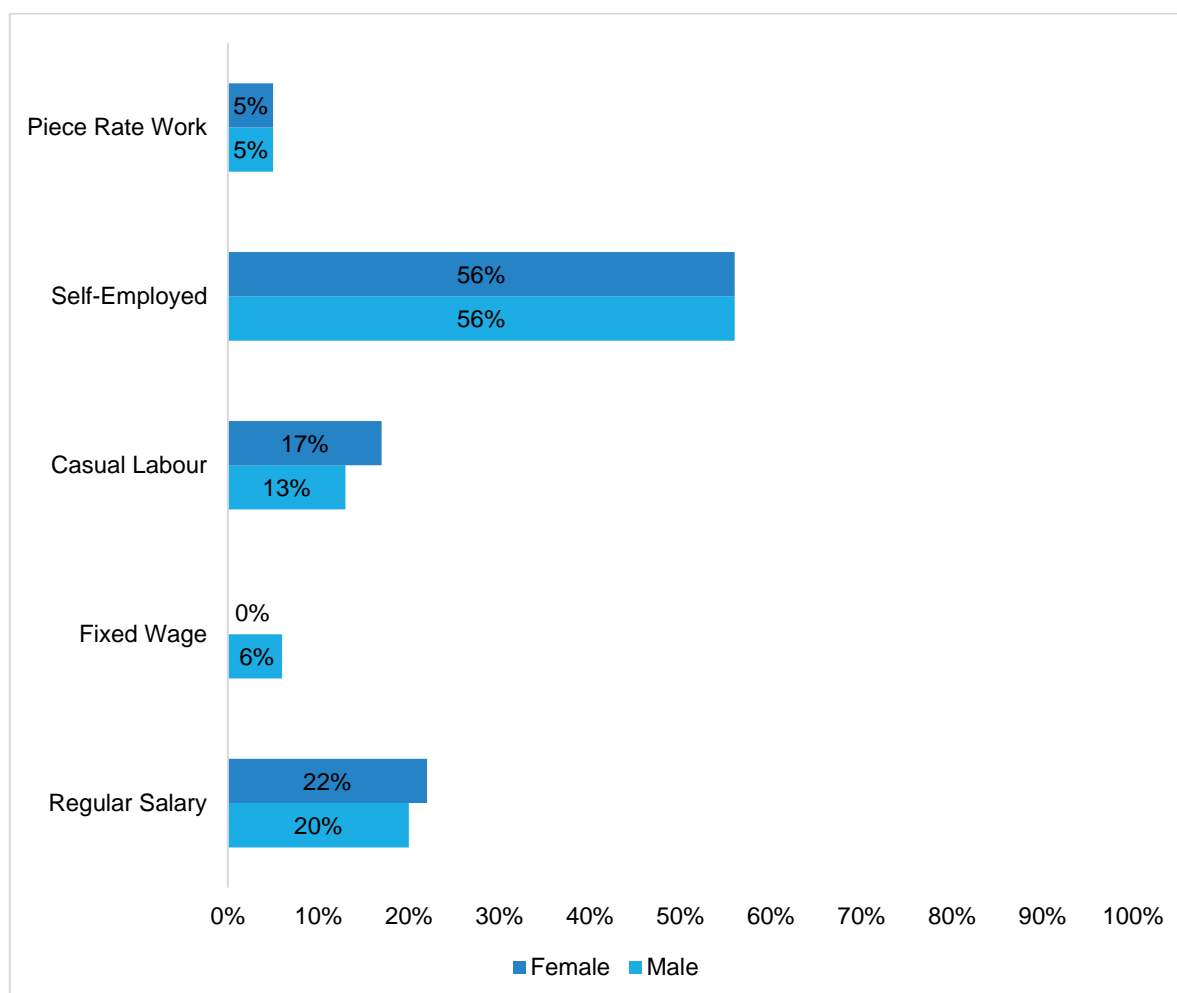
Of the respondents that were currently working, 73% reported working full time, 17% part time and 9% reported that their work is seasonal.

Further, we asked respondents about the nature of their work, as illustrated in Figure 11 below by gender. The greatest proportion of respondents were engaged in self-employment (56%). About one fifth of all employed respondents were working in a salaried job, while 14% were engaged in casual labour. Our findings are similar to the NSS 76<sup>th</sup> Round findings for persons with disability in

employment in rural India where an even greater proportion of individuals, 64.6% were in self-employment (India - National Statistical Office, 2019).

We found some variation in the nature of work by state as well. The proportion of respondents who were self-employed was highest in Chhattisgarh (75%) and Rajasthan (74%), which were also the two states with the highest proportion of respondents currently working. In Jharkhand, 56% of those engaged in work reported being employed in a salaried job.

**Figure 11: Nature of work, by gender**



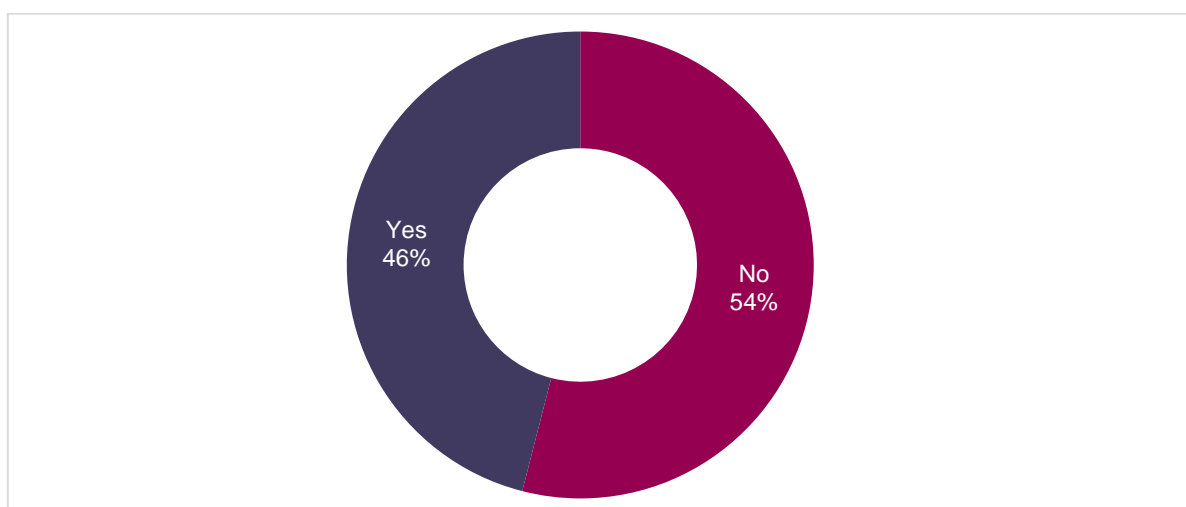
Of the 56% of respondents in self-employment, 46% were self-employed in their own homes while 10% were in self-employment outside of the home. More than half of the respondents who were self-employed from home reported being engaged in farming, agriculture or animal husbandry. The next most commonly reported occupation for those self-employed was running a shop out of their home. This was corroborated by the qualitative data, where both agriculture and shopkeeping were commonly reported by respondents in self-employment. Additionally, in the qualitative data there were also numerous reports of respondents engaging in tailoring.

Less than one fifth (16%) of respondents who were self-employed reported owning a business or running an enterprise. This amounts to 3% of the total number of respondents.

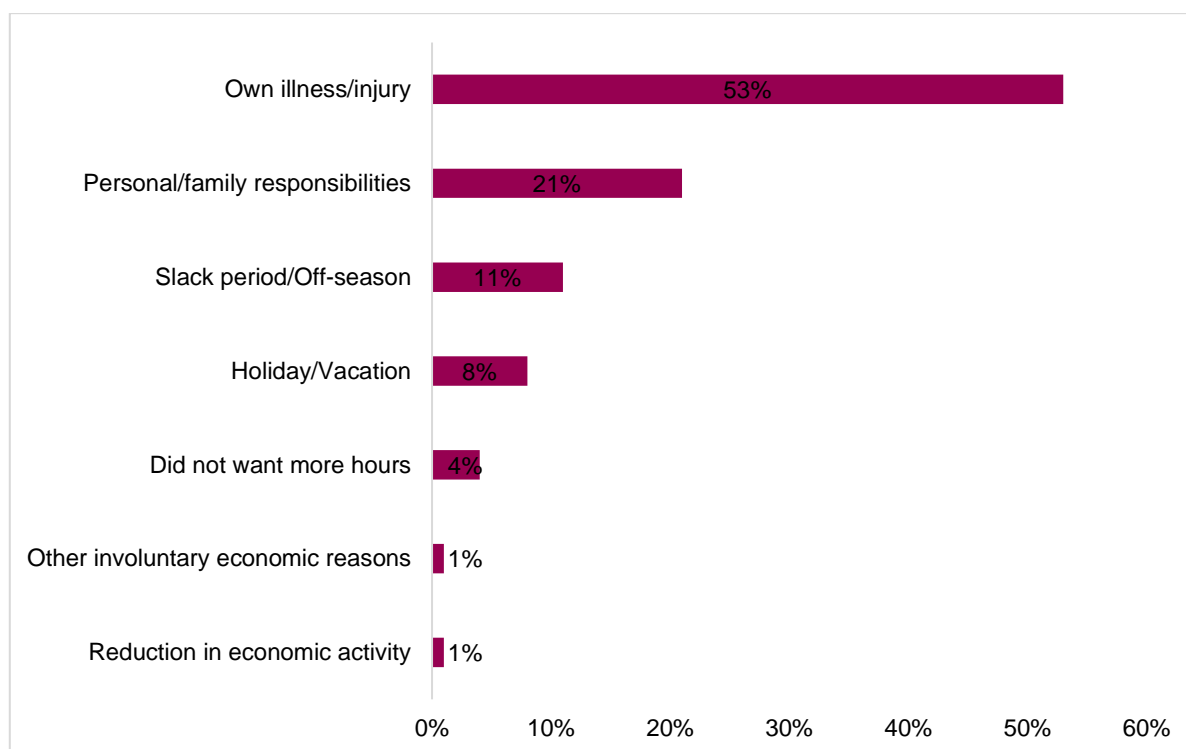
Of respondents who reported employment with a regular salary, the most common occupation was working as a labourer, with a few individuals reporting work as teachers, nurses, aanganwadi workers, in offices, homes, shops or go-downs.

Just under half of all respondents who were currently engaged in work reported working their regular number of hours in the past week, illustrated in Figure 12 below. Of those that did not, illness or injury was the most common reason cited (53%) followed by personal or family responsibilities (21%). Reasons for working fewer hours than usual are illustrated in Figure 13 below.

**Figure 12: Respondents who worked normal number of hours in the week preceding the survey**

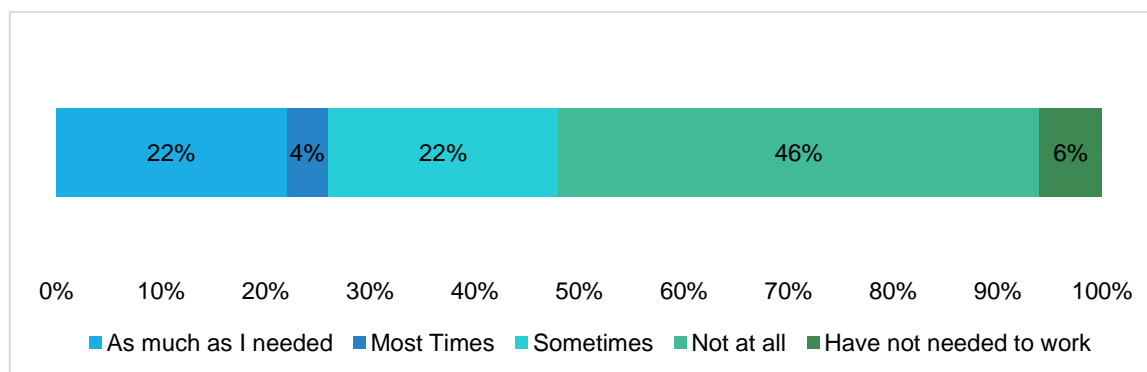


**Figure 13: Reasons for working fewer than usual hours**



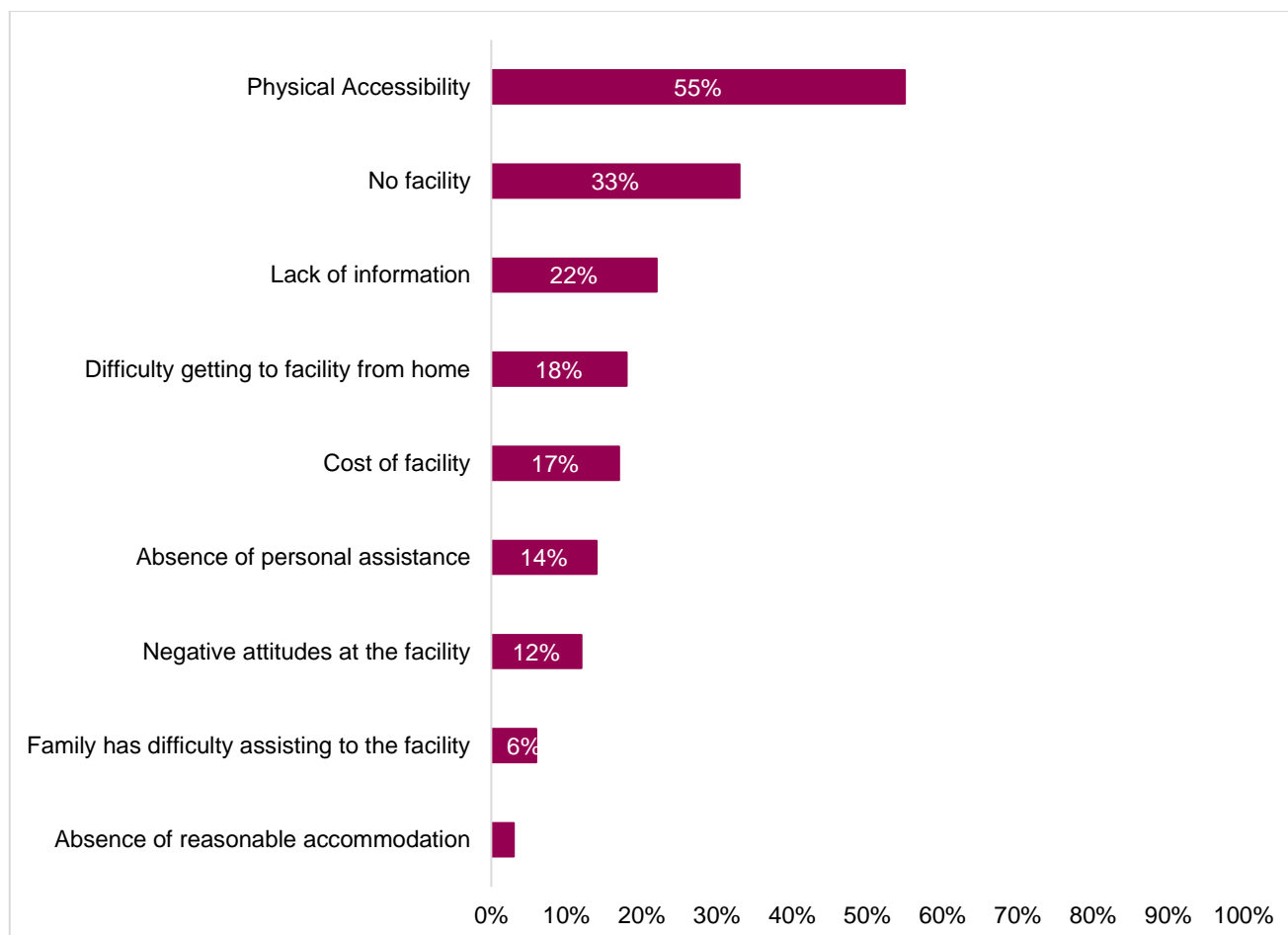
We asked respondents who are currently working over the last 6 months to what extent they have been able to work for a living as much as they needed. Almost three quarters (72%) of respondents said they have been unable to work as much as they needed. Only 22% of respondents said as much as they needed, while 46% of respondents responded not at all, summarised in Figure 14 below.

**Figure 14: Extent to which respondents have been able to work for a living as much as they needed**



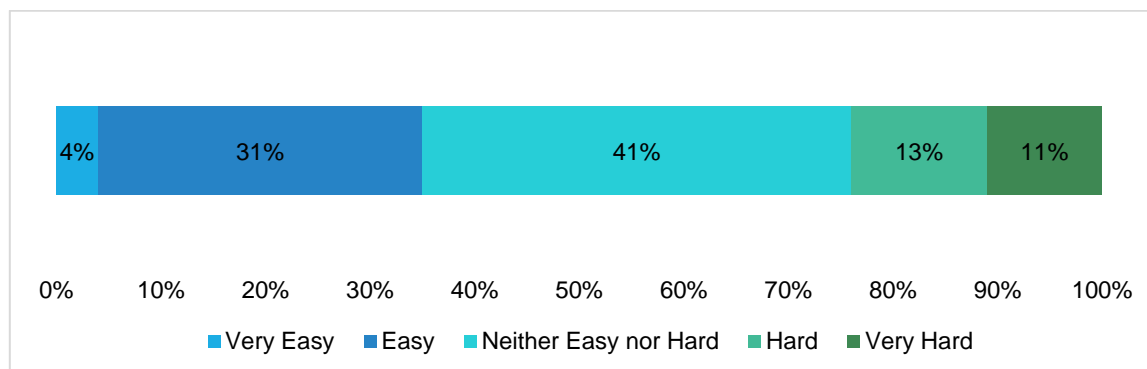
For those respondents who were unable to work for a living as much as they needed, the most common reason reported was physical accessibility (55%) followed by lack of availability (33%). Reasons are illustrated in Figure 15 below.

**Figure 15: Reasons for not being able to work as much as required**



We also asked respondents about their workplace. The majority of respondents (41%) said that their workplace makes it neither easy or hard for them to work, while 35% said their workplace makes it easy and approximately a quarter of respondents in employment said that their workplace made it hard to some extent for them to work. Responses are summarised in the figure below.

**Figure 16: Extent to which the workplace makes it easy or hard for respondents to work**



It is important to note that approximately a quarter of all respondents who were working reported self-employment from home which would correspond to the workplace they are reporting above.

Just under half (49%) of all respondents who were working reported that they were seeking other or better work. This was corroborated by the qualitative research conducted, where almost all persons shared that they were seeking better or more sustainable work opportunities.

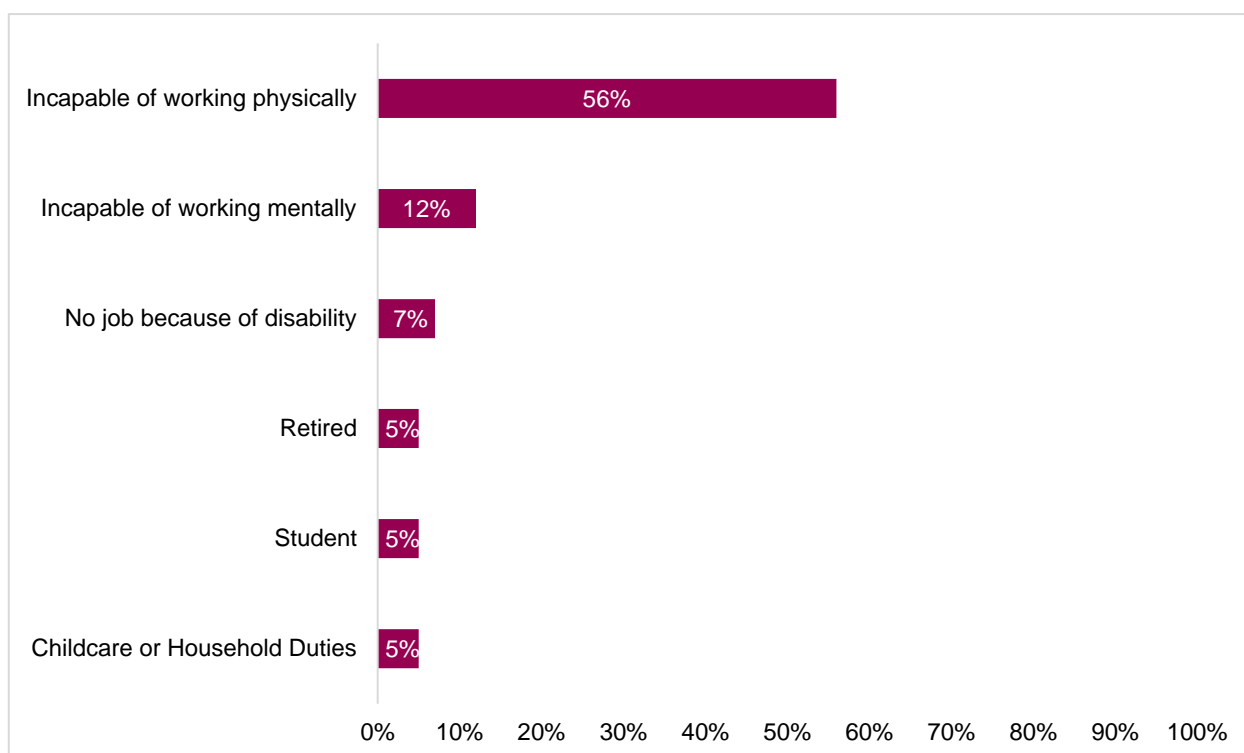


“I do not see a future in this (job) but it feels good that we are doing something for others... but the future is limited in this (work). I want to do something different but there is nothing at the moment so I have to do something at least...”

- **Male Respondent, Madhya Pradesh**

We asked respondents who are not currently engaged in work the reasons for not working, and the responses are illustrated in Figure 17 below. The most commonly reported reason was being physically incapable to work (56%) followed by being mentally incapable to work (12%). In Madhya Pradesh a quarter of respondents were not working because of childcare or household duties, while in Chhattisgarh and Jharkhand approximately 14% of respondents said they were retired. Approximately 10% of respondents in Chhattisgarh, Jharkhand, Odisha and Rajasthan responded that nobody would give them a job because they have a disability.

**Figure 17: Reasons for not currently being engaged in work**



Of respondents who were not engaged in work, 40% said that they are currently seeking work. This was highest in Madhya Pradesh (56%) and Jharkhand (53%), and lowest in Chhattisgarh (24%) and West Bengal (27%). There was not much variation by gender with 37% of females and 41% of males not in employment currently seeking employment.

We asked all respondents, those currently engaged in work as well as those who were not, how big of a problem it is for them to find a job. Three quarters of all respondents said that it was a very big problem for them to find a job, 19% said it was somewhat of a problem and only 3% said it was no problem at all.

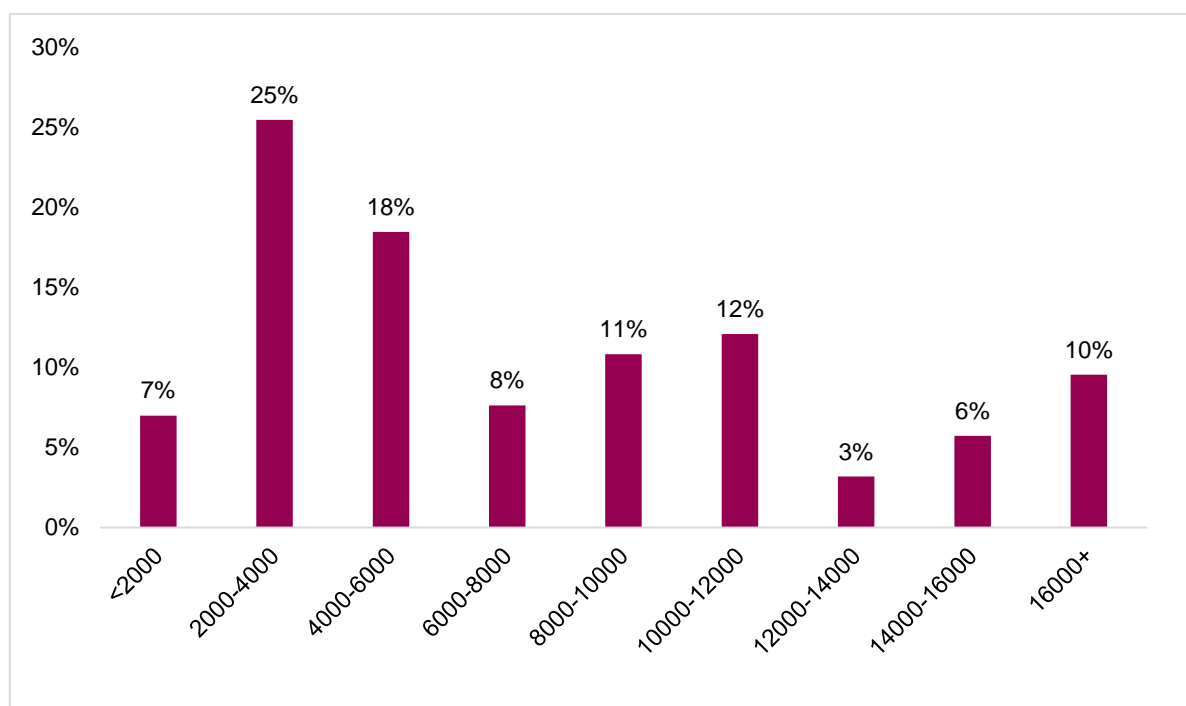
## Financial Independence

### Income

Respondents who were currently engaged in work were asked about their average monthly income, which included income from multiple sources if applicable, as shown in Figure 18 below. Only 34% of the respondents were earning. Of these, a quarter of respondents (25%) had average monthly incomes ranging from ₹2,000-4,000, while 18% earned between ₹4,000-6,000 per month.



**Figure 18: Average monthly income of respondents engaged in work**



The average income for respondents currently engaged in work was ₹8,083. There was significant variation by gender, the average income for females was ₹6,734 while for males it was ₹8,560. We also found variation by state as detailed in Table 6 below. The highest average income of ₹10,750 was reported in Jharkhand, while the lowest of ₹4,545 was in Madhya Pradesh.

**Table 6: Average monthly income, by state**

State	Average monthly income (₹)
Chhattisgarh	6,917
Jharkhand	10,750
Madhya Pradesh	4,545
Odisha	7,250
Rajasthan	10,379
West Bengal	5,210

During the qualitative interviews the majority of persons with disabilities currently engaged in work shared that their income or earnings were insufficient to meet their expenses and hence they were continuously in search of better work.



"If I earn 5 rupees, I have expenditure of 7 rupees, so there is only loss...I then have to borrow money from somewhere. I tell them I will repay when I am able to sell somethings, and since my situation is bad, I manage somehow, and when I am able to sell the next month, I repay it."

- **Female Respondent, SHG Member, Odisha**



"There were many challenges. Earlier I used to work here only in marketing shops for 2500-3000 per month. Used to reach at 9am and work till 9pm...I kept trying continuously to get a better job so I could help myself and others."

- **Male Respondent, Madhya Pradesh**

We asked respondents about the number of people who are dependent on their income. We found that over half of those who are working reported 5 or more dependents, with less than 5% of respondents having no dependents. This is further detailed in Table 7 below.

**Table 7: Family members dependent of respondent income**

Number of dependents	% of respondents
0	4%
1	5%
2	11%
3	12%
4	14%
5	27%
5+	26%

We also asked respondents about benefits that they receive from their employment. Less than 2% of those working reported receiving any benefits such as a pension, gratuity or health insurance.

In addition to these sources of income, 71% of all respondents also said that they received a disability pension, further details of which are provided in the section on political capital. Of those currently engaged in work, 73% receive a pension as compared with 69% of those not working.

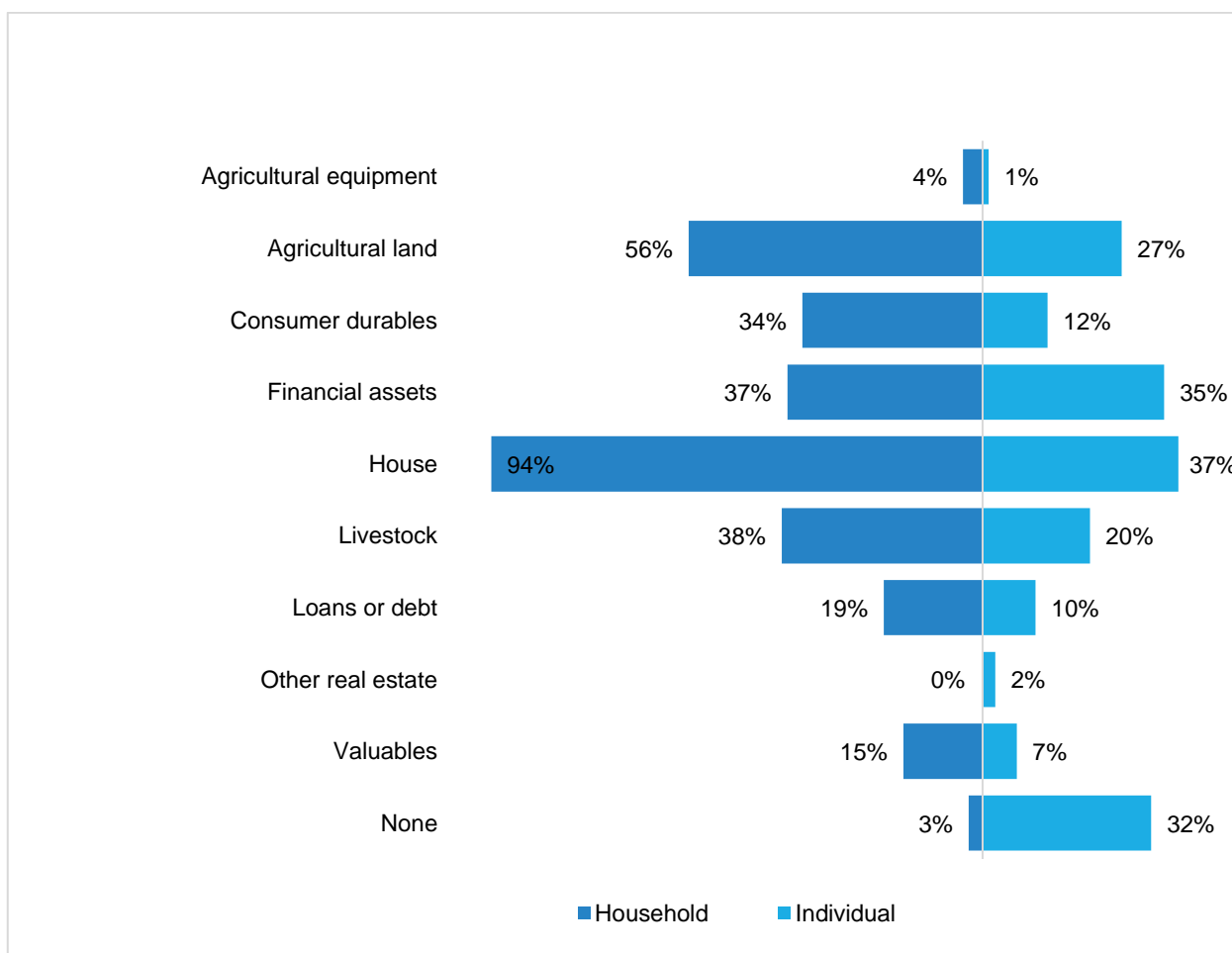
# Assets

Assets serve as an important indicator of both financial independence and resilience. We asked respondents about the variety of assets owned by their household and found that 94% of households own a house, 56% own agricultural land and 38% livestock. Only 4% of households reported owning any agricultural equipment. We also asked about consumer durables such as refrigerators and television and found that 34% of households owned some consumer durables, while 15% owned valuables such as jewellery. Additionally, 37% of households owned some financial assets such as bank deposits, savings or investments, and 19% had loans or debt.

We also asked respondents about assets that are owned in their name. The findings both for the household and the individual are summarised in Figure 19 below. We find that the proportion of persons with disabilities with assets in their name is much lower. Only 37% of respondents report having a house in their name and 27% agricultural land. Approximately one third (32%) of all respondents reported that they have none of the listed assets in their own name, as compared with 3% of households.

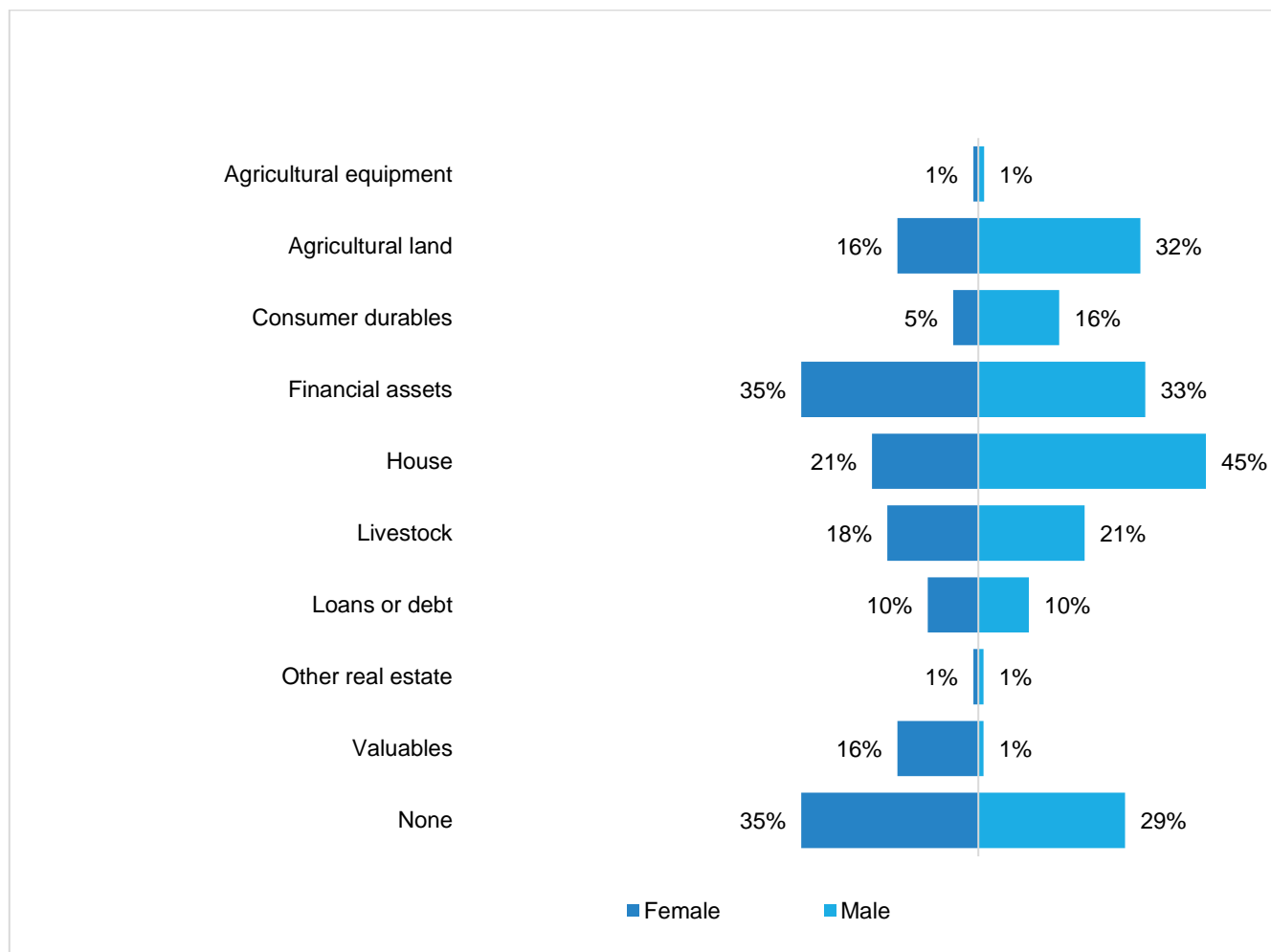
Individual home ownership was highest in Odisha (59%) and lowest in West Bengal (16%). Similarly, the lowest proportion of respondents reporting ownership of none of the listed assets was in Odisha (7%) while the highest proportion was in West Bengal (49%).

**Figure 19: Asset ownership by household and individual respondent**



We further analysed individual ownership of assets by gender and found significant differences as illustrated in Figure 20 below. Just under half of all male respondents (45%) reported owning a house in their name, as compared with 21% of females. A similar trend is seen for agricultural land with 32% of male respondents owning agricultural land in their name as compared with 16% of females. The only asset that saw a greater proportion of ownership by females was valuables such as jewellery (16% vs 1%).

**Figure 20: Individual asset ownership by gender**

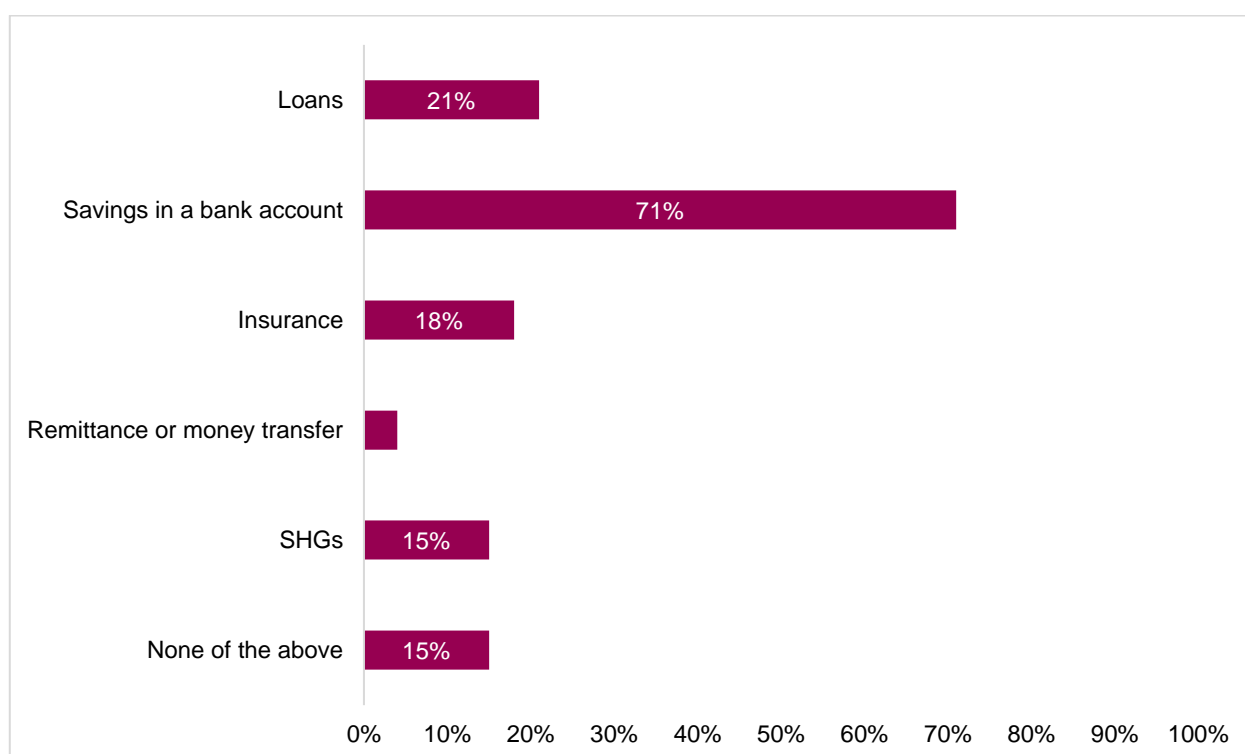


We also analysed individual ownership of assets by age group. We found that 70% of respondents ages 18-19 reported ownership of none of the listed assets in their name, as compared to 26% in the 20-25 age group, 11% in the 26-29 age group and only 7% in the 30+ age group.

# Financial Products

We asked respondents about their access to financial products over the past 12 months, including loans, savings in a bank account, insurance, remittances or money transfers and self-help groups. Responses are summarised in Figure 13 below.

**Figure 21: Access to Financial Products**



We found that the majority of respondents had access to a bank account (71%) for deposits and savings when available. Additionally, 21% of respondents had access to loans and 15% to SHGs. Further details on savings and borrowing are detailed in the Financial Capital section of the Outputs Findings section below. It is important here to note that impacts of early interventions by the programme teams may have impacted these outcomes, with formation of SHGs a key goal in many teams.

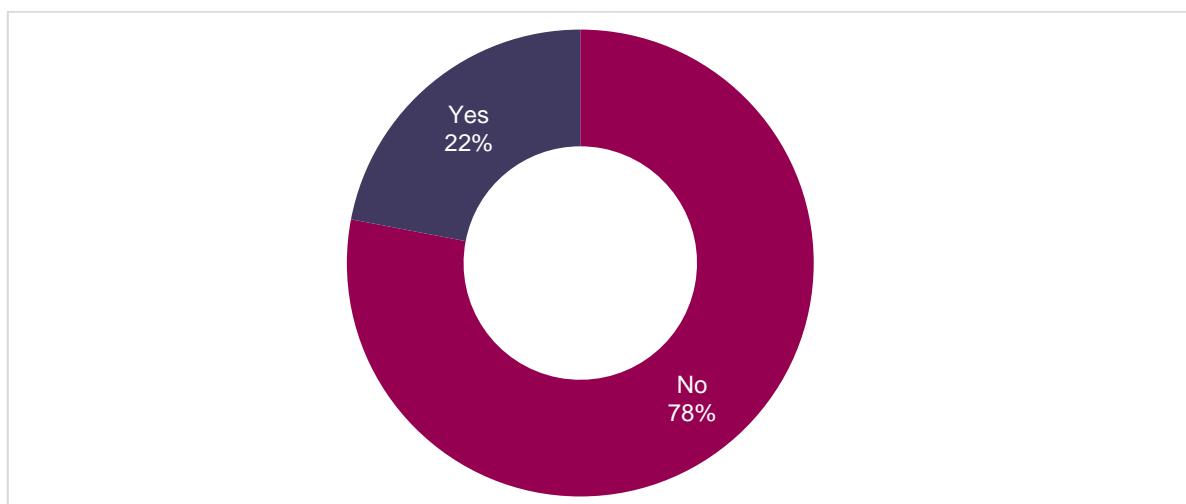
Overall, 15% of respondents had access to none of the financial products listed. This varied significantly by state and was highest in Madhya Pradesh (55%) and lowest in Rajasthan (2%).

For those who reported access to insurance (18%) we asked further what type of insurance. Health insurance was the most common (12%) with only a few respondents also reporting access to agricultural insurance (1%).

## Financial Resilience

In order to understand financial resilience of survey respondents in the study, we asked about their ability to cope with sudden expenses equivalent to their monthly income or expenditure without asking friends or family for help. Only 22% of respondents said they would be able to meet such a sudden expense as detailed in Figure 22 below.

**Figure 22: Ability to meet a sudden expense equivalent of monthly income or expenditure without asking friends or family for help**



Challenges with financial resilience emerged in the qualitative interviews as well. Persons with disabilities shared the challenges that they face in order to make ends meet, particularly in the face of sudden expenses. The solution is often to do without, as detailed in section on well-being.



“We used to make dal, used to make subzi but now will have to cut down dal and have more subzi...this is the only option. When we have to go somewhere we cannot go, we cannot say that we don't have the money to come...to go to places also we say we cannot come today. If we don't have a mobile phone, we cannot say that we do not have recharge, we say that we are busy and life is going on and that I am busy.”

- **Male Respondent, SHG Member, Chhattisgarh**



“Arms and legs are not working; we do not even have farm land...whatever we had we had to pawn for medicines...we keep sitting at home.”

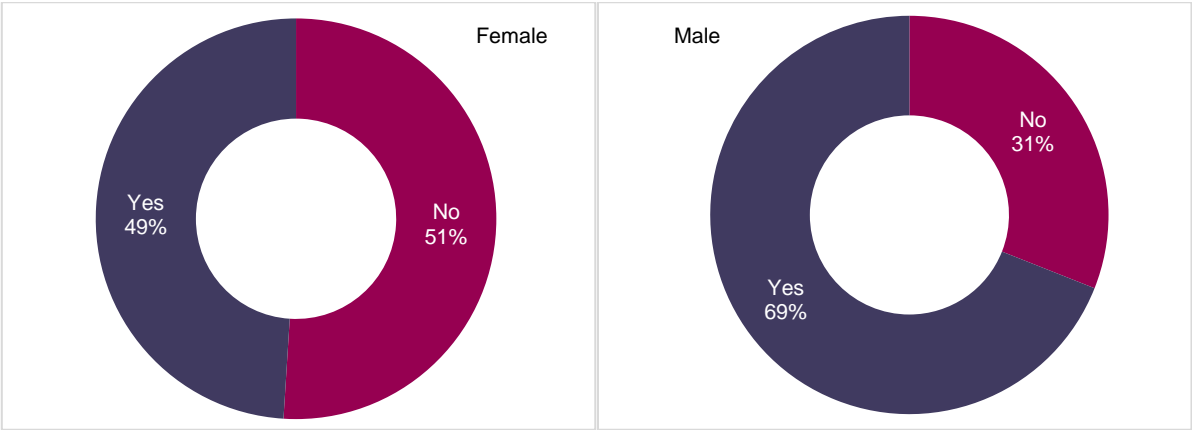
- **Male Respondent, SHG Member, Madhya Pradesh**

# Decision-Making

As detailed in the framework of economic empowerment above, power and agency of persons with disability is an essential component. More specifically we looked at agency to make economic decisions.

We asked respondents if they make decisions about their own money, 60% reported making these decisions themselves. This was highest in Chhattisgarh where 79% of respondents said they make decisions about their money, and lowest in Jharkhand where 39% responded positively to the same. There was also some variation by gender, with less than half of female respondents (49%) making decisions about their money as compared with 65% of males.

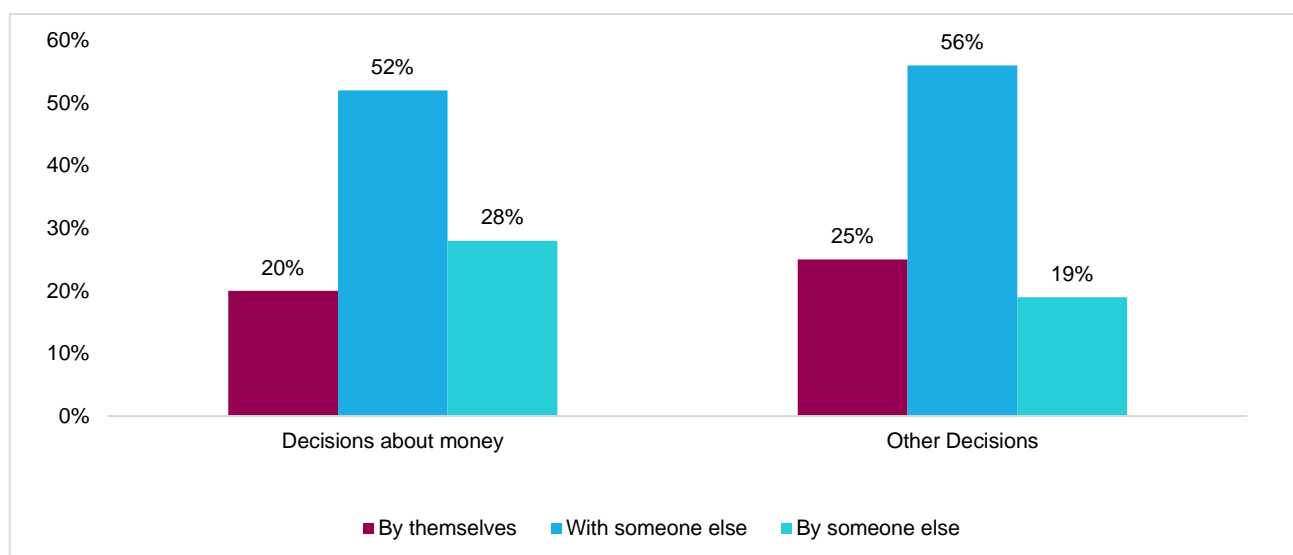
**Figure 23: Day-to-day decision making about their own money**



We further asked respondents how they make day-to-day decisions both about money as well as other aspects of their life. They chose from three options, they make the decisions themselves, they make decisions along with someone else or someone else makes the decisions for them. Responses are summarised in Figure 24 below. Only one fifth of all persons with disabilities reported making decisions about money by themselves and less than a quarter reported making other decisions by themselves.



**Figure 24: How day-to-day decisions are made**



Majority of respondents reported making day-to-day decisions with someone else. However, 28% of respondents shared that someone else makes decisions about money for them and 19% of respondents reported that someone else makes other day-to-day decisions for them.

In the qualitative data, majority of the female persons of disability that we spoke with shared that someone else makes decisions for them, often without even consulting them. Additionally, the women who do make decisions for themselves shared that they either live alone or have no other social support.



“Decisions are taken by the head of the household and we are not involved in it. For example, there is a wedding, and they are going, but you are disabled so you can’t go. Nobody asks. Or if they are going out somewhere together, but you are disabled, so who will hold you, take care of you? Our job is just take a bath, eat, keep to yourself, the rest, there is nobody to ask about you.”

- **Female Respondent, OPD Member, Chhattisgarh**



“Big decisions in the family are taken ignoring us, they never ask us saying that there is no point in asking them...They think that...they know that we won’t be able to do anything and they will have to do everything so why even ask? Even big-big decisions like buying a house, getting the sister married etc don’t involve us. Even with our marriage it was the family member's decision...that this girl is ready to marry you and so get married, your life will be made.”

- **Male Respondent, SHG Member, Chhattisgarh**



"My in-laws tell my husband you have brought home a handicapped girl as a wife; how can we accept her? We cannot live with her, so no one asks me about any decisions to be made at home."

- **Female Respondent, Odisha**

In the survey we also asked respondents who makes decisions for or with them. The most frequently reported were immediate family including father, mother, husband, wife, brother or sister, as detailed in Table 8 below.

**Table 8: Who makes decisions for or with respondents**

Family Member	Day-to-day decisions about money	Other day-to-day decisions
Father	34%	35%
Mother	41%	42%
Husband	25%	24%
Wife	35%	35%
Brother	11%	12%
Sister	3%	3%
Son	12%	13%
Daughter	2%	3%
In-Laws	6%	7%

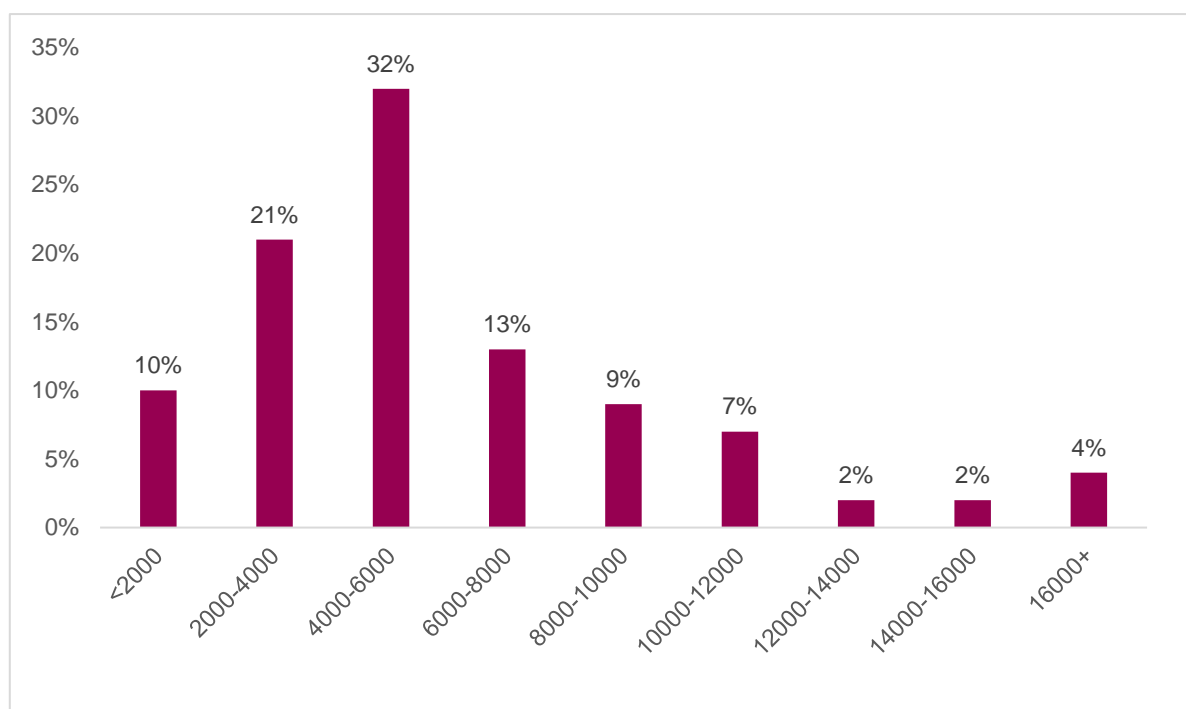
## Well-Being

### Expenditure

During the qualitative interviews across multiple locations the challenge of high expenses was raised. Moreover, many individuals shared that their essential expenses were much higher than their income, leaving little room for expenditure on well-being.

In the survey we asked respondents about their household's average monthly expenditure, detailed in Figure 25 below. Approximately one third of respondents (32%) reported their monthly expenditure to be between ₹4000-6000 while 15% of respondents reported monthly expenditure of more than ₹10,000. In Madhya Pradesh over a quarter of respondents (26%) reported monthly expenditure of more than ₹10,000.

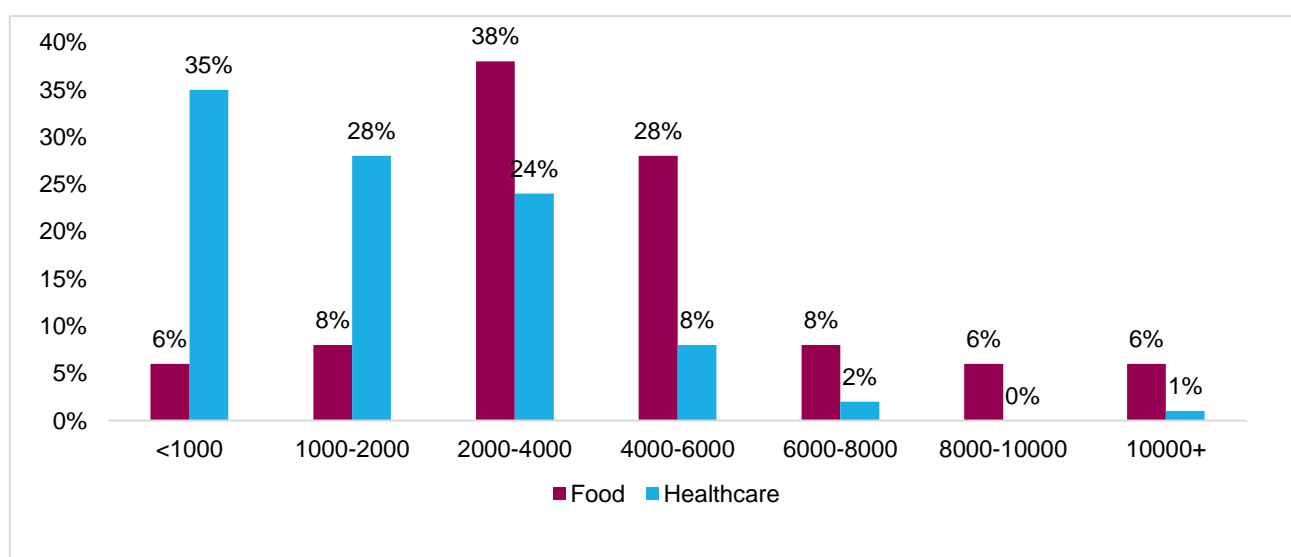
**Figure 25: Average monthly household expenditure**



We also captured the average monthly household expenditure specifically on food and healthcare as detailed in Figure 26 below. Approximately half of all respondents (52%) reported monthly household expenditure on food of up to ₹4,000, while 28% spent on average between ₹4,000-6,000 for their household on food every month.

For healthcare we find that the majority of households (63%) spent less than ₹2,000 on average every month. An additional 32% of households spent between ₹2,000 and 6,000 every month, while 3% of households spent more than ₹6,000.

**Figure 26: Average monthly household expenditure on food and healthcare**



In the qualitative data we found that the major expenditure categories for individuals and households were healthcare, rations and education of children. Moreover, across multiple locations

individuals shared that expenses for essentials remain very high creating a challenge for families to make ends meet.



“Right now, my treatment for spinal cord injury is going on...so medicines are for around INR 1500-2000. INR 600 of pension also goes into that. And then I have to take some supplements as well...but not able to take them...have to take support from family...and for education also, college fees is 5000-6000 per annum, have to take that also from family.”

- Male Respondent, OPD Member, Madhya Pradesh



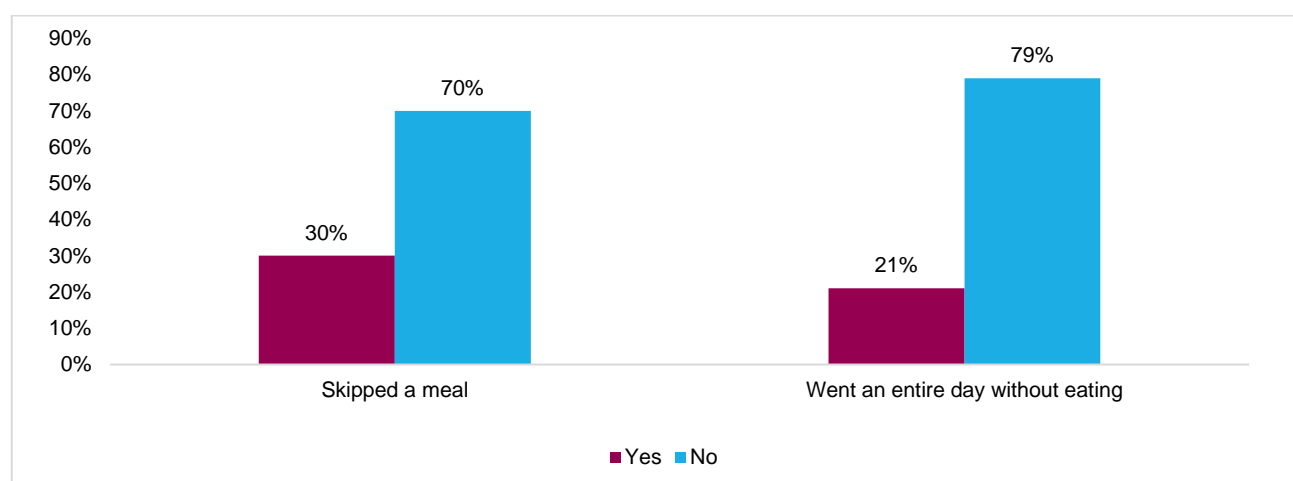
“My expenses at home are, I have 3 kids, all three goes to school. Because all three goes to school and need clothes in Holi, Diwali. You can say that everyday expense is Rs. 300-400.”

- Male Respondent, Rajasthan

## Food Security

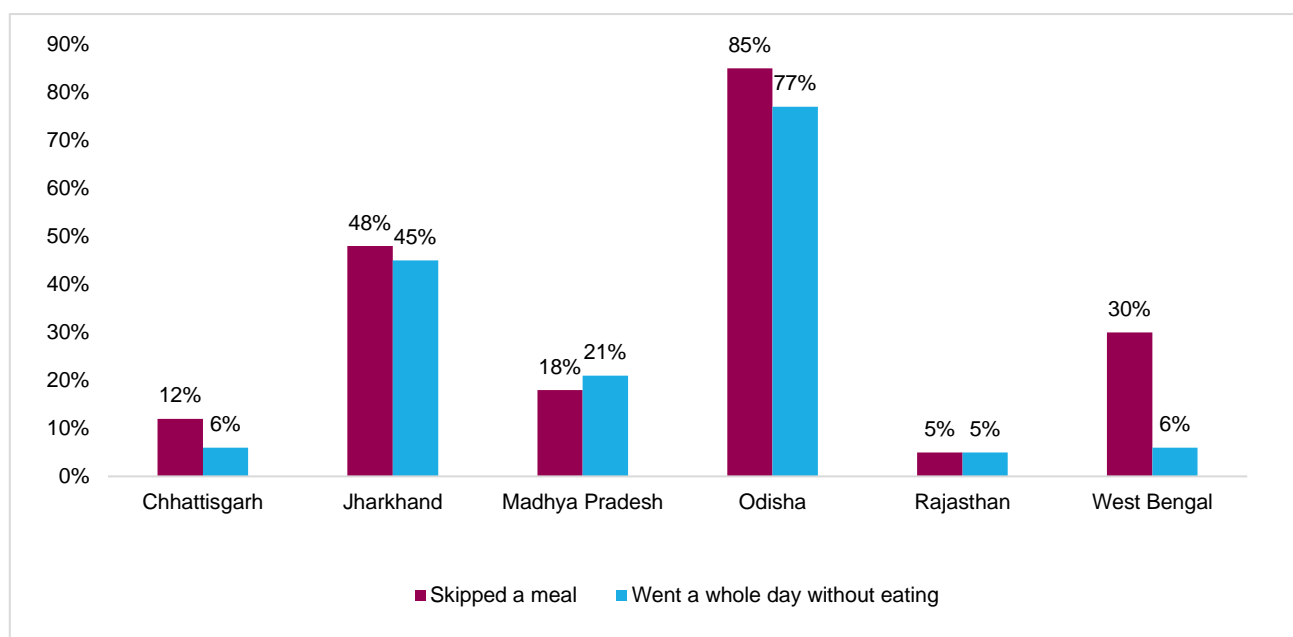
We looked at food security and access to adequate nutrition as an indicator of well-being. In food security we asked individuals if in the last 30 days due to a lack of resources or money they had skipped a meal or gone an entire day without eating. Findings are summarised below.

**Figure 27: Food Security**



We found that 21% of all respondents reported going an entire day without eating because of a lack of resources, while 30% reported skipping a meal. There were significant differences by state as detailed in Figure 18 below.

**Figure 28: Food Security, by state**

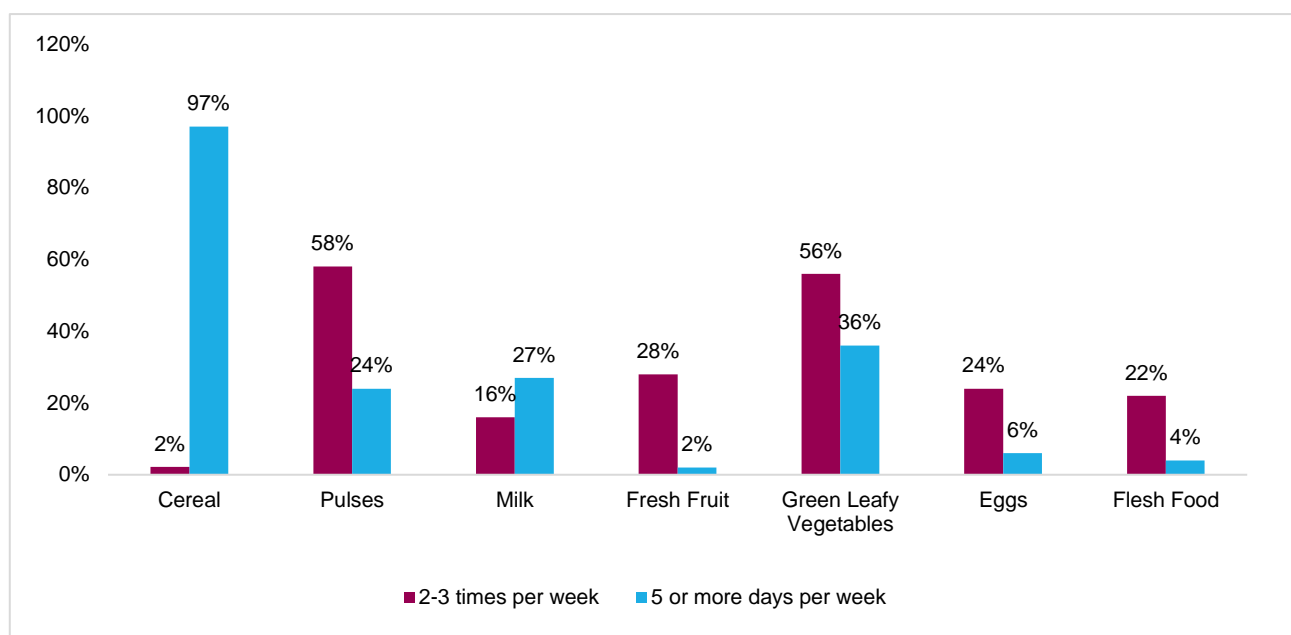


We found the greatest proportion of individuals reporting food insecurity in Odisha, where 85% of individuals reported skipping a meal due to resource constraints and 77% reported going a whole day without eating. This was followed by Jharkhand where 48% of respondents reported skipping a meal and 45% going a whole day without eating.

The variation in food insecurity by state is corroborated by literature which demonstrates the critical state of food insecurity in Odisha. A study on food security published in 2020 found that 63% of people in rural Odisha were unable to consume energy, protein and fat as per the recommended levels. This figure was even higher for vulnerable groups and in specific districts including Kalahandi where our research was conducted (PHDMA & WFP, 2020)

We also asked about consumption of various food groups in order to gauge access to adequate nutrition. Food groups included cereals, pulses, milk, fruits, green leafy vegetables, eggs and flesh foods. There was a not applicable option given to account for vegetarians.

**Figure 29: Consumption of different food groups more than two times per week**



The majority of respondents (97%) reported eating cereals 5 or more days per week. Majority of respondents also reported eating pulses (82%) and green leafy vegetables (92%) at least two times per week. Frequent consumption of milk (43%) and fresh fruits (30%) was reported by less than half of all respondents. Of those who consume eggs and flesh foods, just under a third report consuming these two or more times a week. Consumption patterns are detailed in Figure 29 above.

## Findings: Outputs

The sustainable livelihoods approach coined by DFID provides a conceptual framework. The framework views people as operating from a context of vulnerability and within this context recognises that access to multiple different assets is beneficial to the outcome of economic empowerment (DFID, 2001).

This framework is closely aligned to the Sightsavers India programme results framework, and has therefore been used to present findings towards the programme outputs. More specifically, we looked at human capital, financial capital, natural and physical capital, social capital and political capital.

### Human Capital

DFID defines human capital as “skills, knowledge, ability to labour and good health that together enable people to pursue different livelihood strategies and achieve their livelihood objectives” (DFID, 2001). In our study, we looked at the education of the respondents, any vocational training that they might have had, and the need for assistance in their day-to-day lives. We also looked at

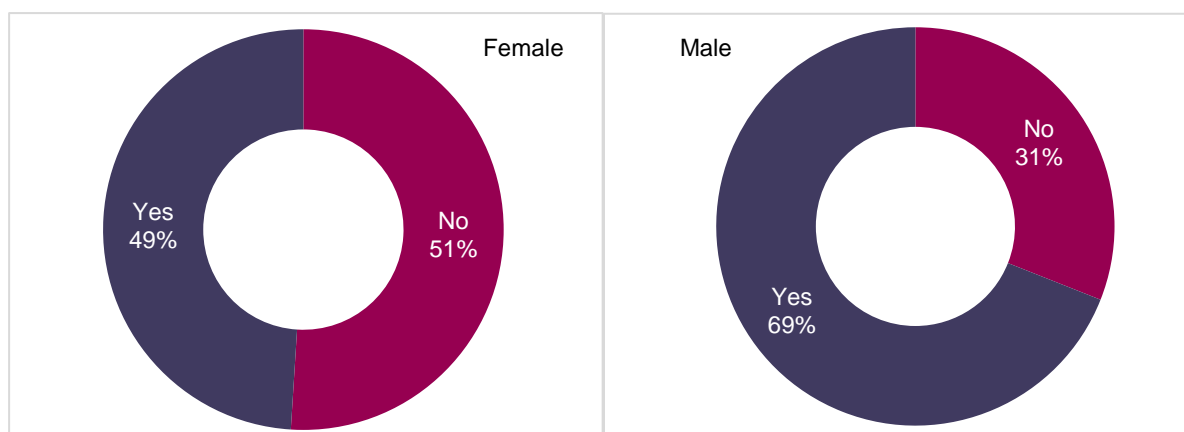
individuals' engagement in employment and ability to work which has been detailed in the economic empowerment section above.

## Education

Overall, 38% of respondents said that they were unable to read and write. This was highest in Odisha (47%) and West Bengal (46%) and lowest in Madhya Pradesh (21%). Our findings indicate lower literacy rates than findings in the NSS 76<sup>th</sup> round for rural India, which reported that 47.2% Of persons with disability age and above were literate (India - National Statistical Office, 2019).

Figure 30 presents these findings by gender. We find significant differences, with 51% of females reporting that they were unable to read and write, as compared to 31% of males. In Odisha, 69% of the female respondents were unable to read and write, and 60% in West Bengal were unable to do so.

**Figure 30: Respondents who can read and write, by gender**

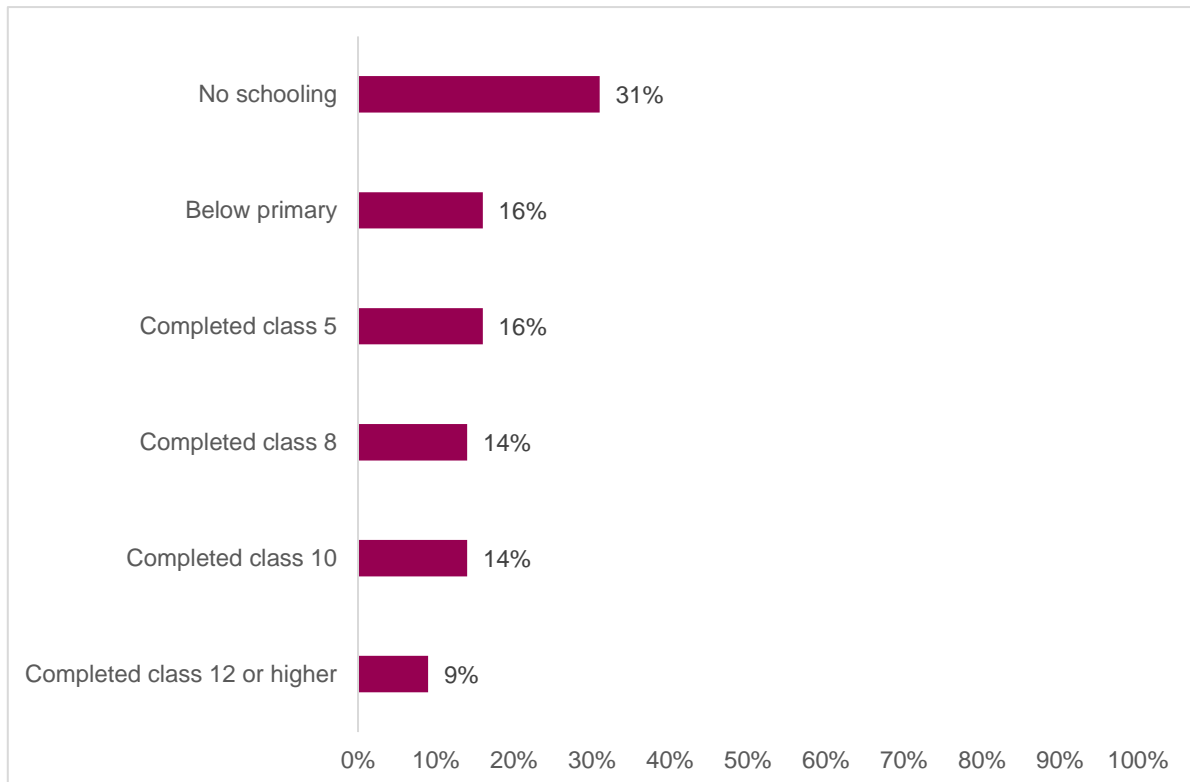


Almost all the respondents (95%) reported that they were not currently pursuing education. Figure 31 below shows the highest level of education of the respondents.

Around a third (31%) of respondents had completed no schooling, while 16% completed below primary level of schooling. Only 14% had completed class 10 and 9% had completed class 12 or higher. These findings are closely aligned with the findings for rural India in NSS 76<sup>th</sup> round, where 14.9% of persons with disability ages 15 and above had completed secondary education as their highest level of education (India - National Statistical Office, 2019).



**Figure 31: Highest level of education**



Almost half the respondents in Odisha (49%) had had no schooling, while only 14% in Madhya Pradesh and 16% in Jharkhand were in the same category. In Jharkhand, 22% and in Odisha 19% had had completed class 10, while only 6% had done the same in Chhattisgarh.

We found similar results through the qualitative data, where almost none of the persons with disabilities interviewed had completed schooling. Additionally, multiple individuals and groups shared barriers they faced in pursuing and continuing their education.

“

“My experience with education is a very emotional one. Nobody used to speak in class because I was disabled... I was the only one to sit at my bench because nobody wanted to sit with me. Everyone had friends and they used to roam around together. Nobody used to sit or talk to me. When I went home, I would feel like crying, why are they behaving like this with me.”

- Female Respondent, OPD Member, Odisha

“

“I left studies due to the problem with my leg, I was doing it [studying in the school] but I did not get any support/assistance. I completed class five and then left, there was no help/support so I left...then I took up stitching, I was wondering how would I make ends meet...my father and mother said that since you are not able to study, learn how to stitch, you will be able to make ends meet at least a little. So now we're surviving through this.”

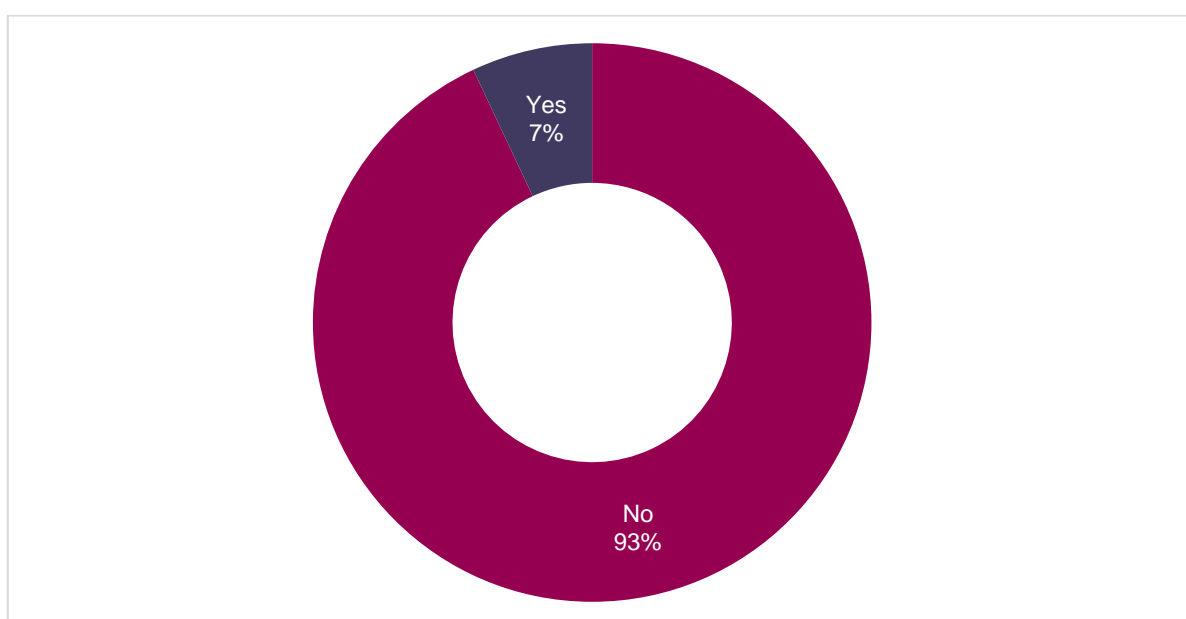
- Female Respondent, Jharkhand

## Vocational Training

We asked respondents about their experience with vocational training as this is a core strategy towards livelihoods employed by Sightsavers India.

Almost all the respondents (93%) said that they had never taken any vocational training as seen in Figure 32 below. Around 15% (5) of the respondents in Chhattisgarh and 11% (5) in Odisha had undertaken any vocational training, while none had done so in Madhya Pradesh. Our findings, although still low, are significantly higher than the 2.4% of persons with disability ages 15-59 in rural India who were reported to have engaged in any form of vocational or technical training in the NSS 76<sup>th</sup> Round (India - National Statistical Office, 2019).

**Figure 32: Participation in vocational training**



Our findings from the qualitative data differed further, with many respondents reporting participation in vocational training. This may be as the qualitative sample was identified by the Sightsavers state teams who may already have been working with these groups. Of individuals who had participated in vocational training, this included in fields such as agricultural cultivation, tailoring, mobile repairing and arts and crafts.

However, majority of individuals shared that even though they had completed vocational training, it was very challenging for them to pursue sustainable or profitable work after. There were numerous challenges including the lack of opportunities for employment or difficulty in starting and sustaining a business.



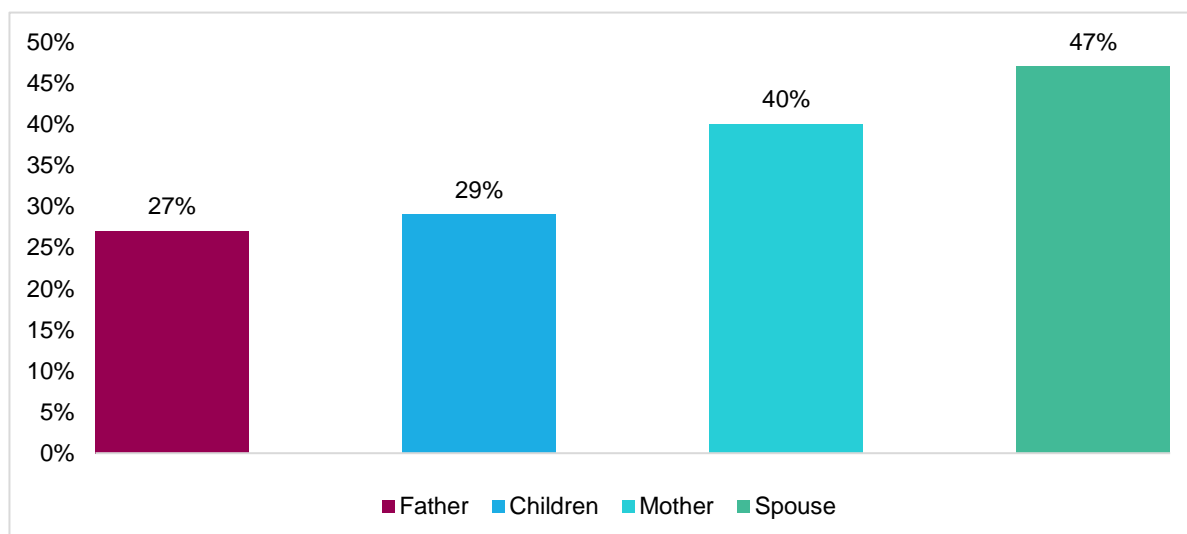
“Used to grow mushrooms earlier, make candles. But the problem was with marketing, which is there even now, where when we are given training by Sightsavers or someone else, we do the training, but then the biggest problem that faces us is marketing. Even if the give the same item at a lower rate, people are not willing to buy from us. I think if we are learning and being taught something, there needs to be some system in place for marketing, because we are disabled, where will we sell our items? I have worked on incense sticks, mushrooms and am now baking cakes. So there even if I reduce the price of my cakes, for instance if the price of 1 pound cake in the market is 250 rupees, even if I sell it for 210 rupees, people are not willing to buy it from me. They have certain things in their mind, like she has to crawl on the ground, so maybe they are thinking does she wash her hands, is it fresh, maybe that is why they do not buy. They look at cleanliness somewhere.”

- Female Respondent, OPD Member, Chhattisgarh

## Daily Assistance

Overall, 82% of the respondents said that they required assistance in their daily lives; this was slightly higher for females (87%) than males (80%). The people who assist them is given in Figure 33 below. Almost half of them (47%) said the person who assist them was their spouse while 40% said that it was their mother.

**Figure 33: People who assist respondents in their daily lives**



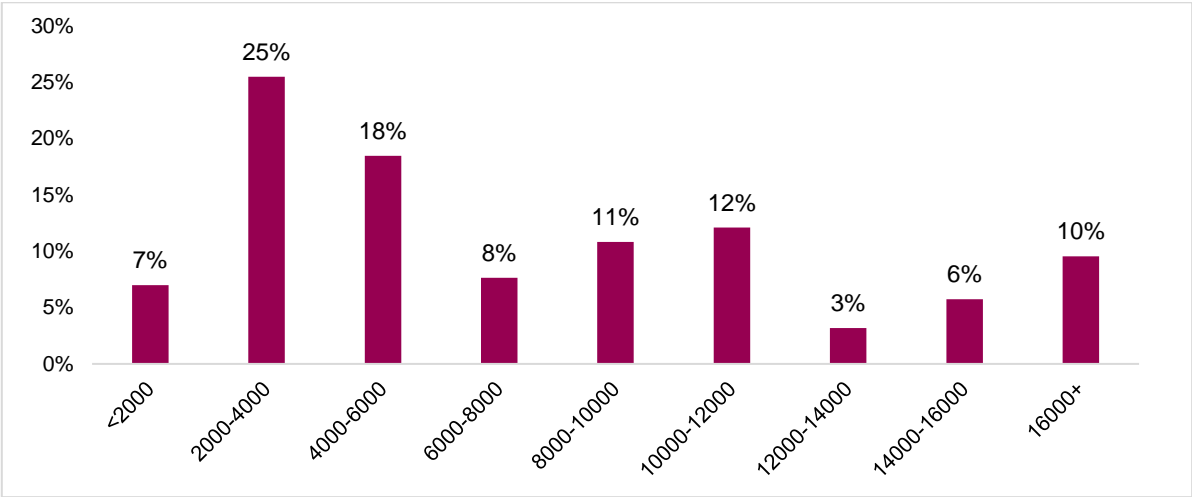
# Financial Capital

DFID defines financial capital as “financial resources that people use to achieve their livelihood objectives”, which includes two main sources - available stocks in the form of savings, and regular inflow of money, which includes incomes, pensions and remittances (DFID, 2001).

## Income

Respondents were asked about their average monthly income, including incomes from multiple sources, as shown in Figure 34 below. Only 34% of the respondents were earning. Of these, a quarter of respondents (25%) had average monthly incomes ranging from ₹2,000-4,000, while 18% earn between ₹4,000-6,000 per month. Only 10% earned more than ₹16,000 per month. Among the states, all the respondents who earn in Madhya Pradesh and 90% of the respondents in West Bengal earn less than ₹10,000 per month, while only around half of the respondents in Rajasthan (52%) who were earning, earned in this range. Further details are provided in the previous section on economic empowerment.

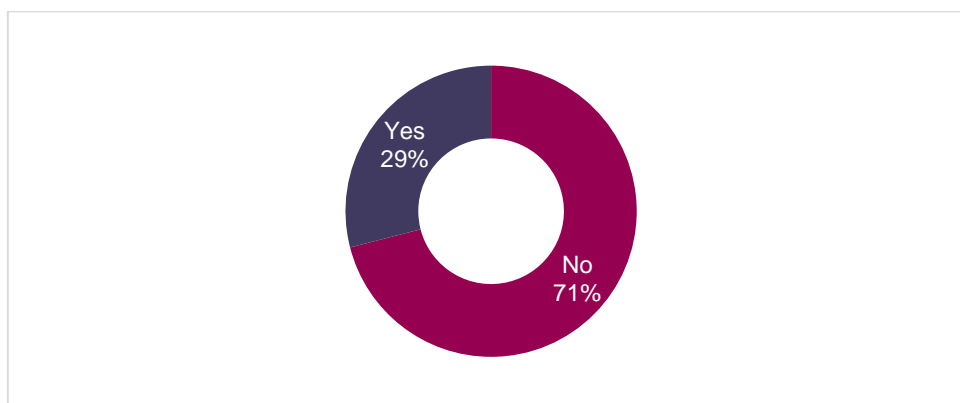
Figure 34: Average monthly income from all earnings



In addition to these sources of income, 71% of the respondents also said that they received a disability pension, further details of which are provided in the section on political capital.

## Savings

Figure 35: Savings



When looking at savings of the respondents, 29% said that they had no savings as seen in Figure 35 above. In Jharkhand, 60% of the respondents said that they had savings, while in West Bengal, this was only 5%. This was supported by findings from the qualitative interviews, where multiple persons with disabilities reported that their expenditures were higher than their monthly income and that they thus had no scope for savings.

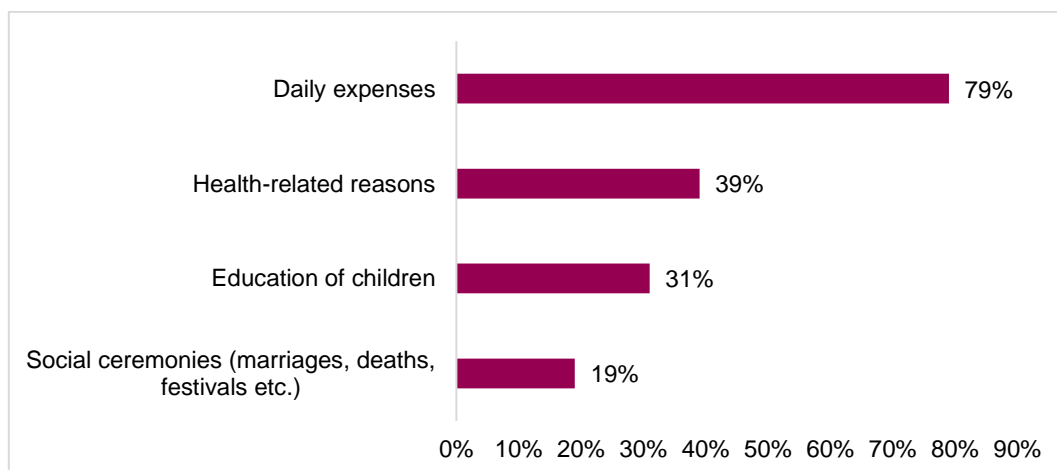


“Currently we are not able to save anything, we are facing a lot of challenges because my husband is not able to earn because of his leg, hence we are not able to save anything at the moment. We are able to buy food and water from what we earn, other than that I think of saving money to repay the loan but that is just not being possible.”

- **Female Respondent, Jharkhand**

The little that they managed to save was usually also used to meet daily expenses as seen in Figure 36 below, with 79% of respondents in the survey saying that they used the savings for daily expenses; 39% said that they used them to meet health-related expenses, while 31% used savings on their children’s education.

Figure 36: Use of savings



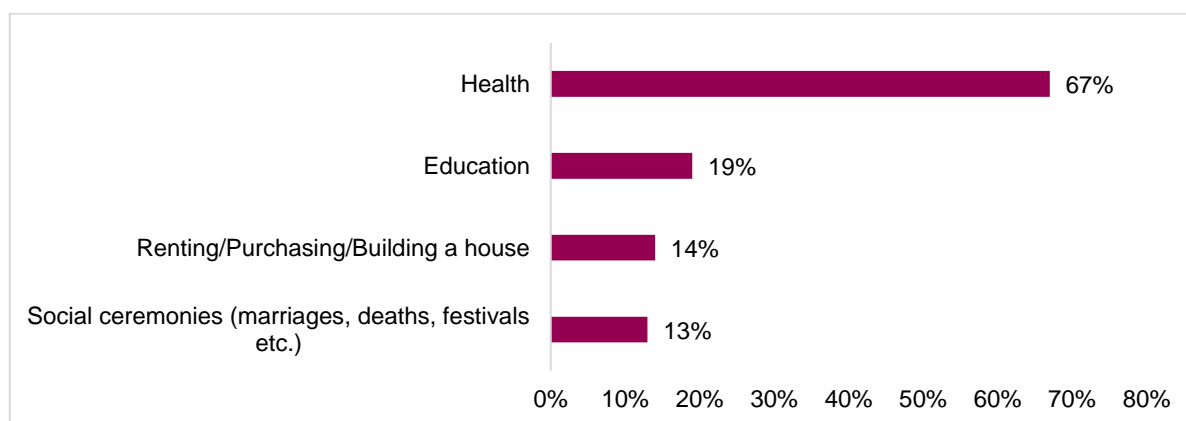
Looking at the use of savings state-wise, 100% of respondents in Rajasthan and 85% in Madhya Pradesh and Odisha said that they used their savings to meet daily expenses. Almost half of the respondents (42%) in Jharkhand said that they used their savings on social ceremonies, such as marriages, deaths, and festivals, while 56% also said that they used it on their children's education, which was also the highest among the states. Using savings for health-related reasons was highest in West Bengal (75%). This pattern of using up savings was also indicated in the qualitative interviews, with participants saying that whatever small amounts they were able to save up was used on their children's healthcare and daily expenses, including getting rations for the household.

## Borrowing

The combination of lower incomes, insufficient savings and the using up of whatever little is saved to meet daily expenses leads to respondents having to resort to borrowing, with 29% saying that they had borrowed in the last one year.

This was highest in Madhya Pradesh, where 53% said that they had had to borrow in past year. The reasons for these varied from health-related reasons (67%) to education (19%), renting/purchasing/building a house (14%) and social ceremonies (13%), as shown in Figure 37 below. Borrowing for health-related reasons was highest in Odisha (100%) and Rajasthan (82%) while it was lowest in West Bengal (38%). Borrowing for social ceremonies was highest in Jharkhand (40%), while borrowing for renting/purchasing/building a house was highest in West Bengal (33%).

**Figure 37: Reasons for borrowing**



This was mirrored in the qualitative research as well.



"Nobody wants to take a loan, but the situation leads us to do it. Suppose we are studying, need to pay fees, don't have money, then we are forced to take a loan. We do not have other resources like gold that we can pawn off and solve our problems. So, we end up having a loan. Like for my father's treatment, I had to take it."

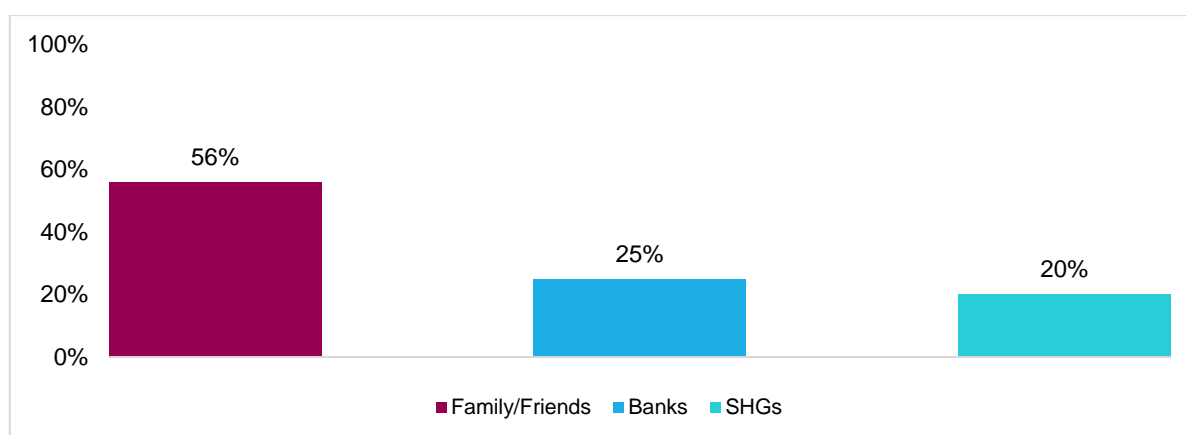
- Male Respondent, Chhattisgarh

We also looked at the source of borrowing as detailed in Figure 38 below. Of those who borrowed, more than half (56%) borrowed from family and friends, 25% borrowed from banks and 20% from SHGs. More information on SHGs can be found in the social capital section below.

Among the states, borrowing from family or friends was as high as 91% in Rajasthan, 85% in Madhya Pradesh and 70% in Jharkhand. Borrowing from banks was only 10% in Jharkhand and Madhya Pradesh while there was nobody who had borrowed from SHGs in the last one year in Madhya Pradesh and Rajasthan.

Access to financial capital is one of the priorities of Sightsavers India's programming, and these results may therefore be impacted by prior programme implementation.

**Figure 38: Sources of borrowing**



Respondents borrowed from all three sources for health-related reasons, but were much more likely to borrow from banks for education or for renting, purchasing or buying a house.

## Natural and Physical Capital

DFID defines natural capital as “stocks from which resource flows and services (e.g., nutrient cycling, erosion protection) useful for livelihoods are derived”. They thus include all forms of environmental assets, such as biodiversity in the form of plants and animals, soil for crops, surface fresh water, store of organic carbon, landscapes for tourism and aesthetic value. They also include other natural resources such as fossil fuels, minerals, aggregates (such as soil), fossil water stores, deep ocean carbon stores, land, ozone layer, and solar energy (European Commission, Organisation for Economic Co-operation and Development, United, 2013).

Physical capital, on the other hand, is defined as “the basic infrastructure and producer goods needed to support livelihoods”, with the components essential for sustainable livelihoods being affordable transport, secure shelter and buildings, adequate water supply and sanitation, clean, affordable energy, and access to information (communications) (DFID, 2001).

In our study, we have studied natural capital through ownership of agricultural land by the household and the individual, sources of drinking water, while for assessing their access to physical capital, we have looked at materials of which their house is constructed, sources of

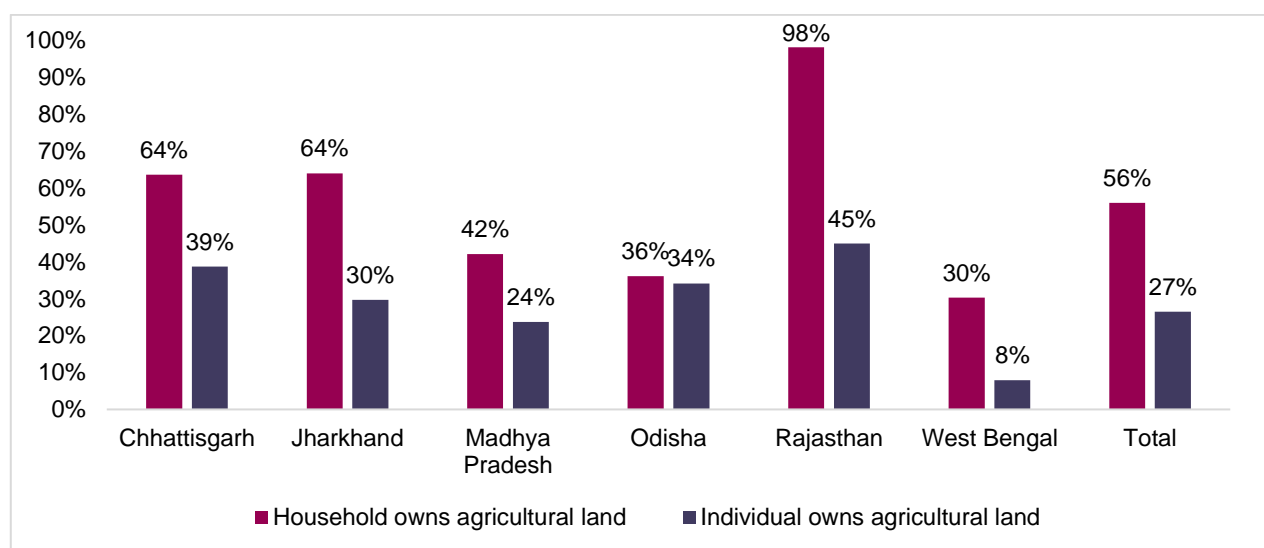


cooking fuel, access to health services, rehabilitation services, assistive devices, government and private health facilities.

## Natural Capital

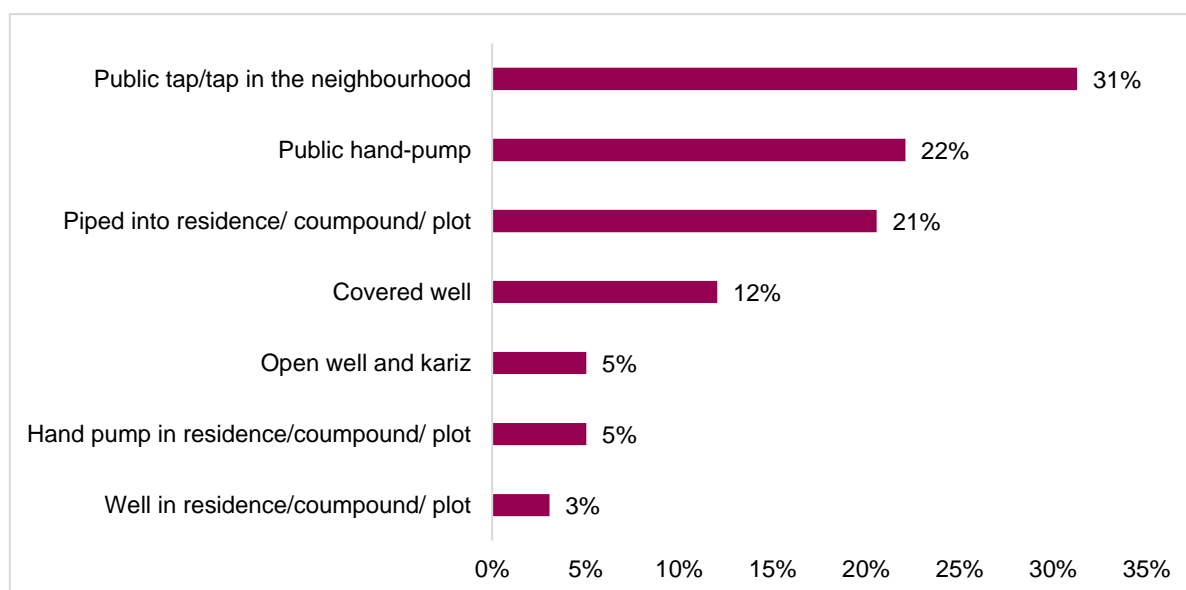
Ownership of natural assets was studied in our survey through the possession of agricultural land by the household, as well as by the individual respondents, as displayed in Figure 39 below. Overall, only 56% households reported owning agricultural land. This was highest in Rajasthan (98%) and lowest in West Bengal (30%). When investigating the respondent's ownership of the land, only 27% across the 6 states said that the land was in their name. This was once again highest in Rajasthan (45%) and lowest in West Bengal (8%).

**Figure 39: Ownership of agricultural land by household and individuals, by state**



We also looked at the main source of drinking water at the household level, as shown below in Figure 40. One third (31%) of all respondents had access to a public tap or tap in the neighbourhood as the main source for their drinking water, while 22% said that it was a public hand-pump. Only a fifth (21%) had water piped into their residence, compound or plot. There were some variations by state, where 70% of households in Odisha had a public tap or tap in the neighbourhood as their main source of water, as compared to only 7% households in Rajasthan. Also, 63% households in Madhya Pradesh had water piped into their residence, compound or plot, while the corresponding figures were only 2% and 1% in Odisha and Rajasthan respectively.

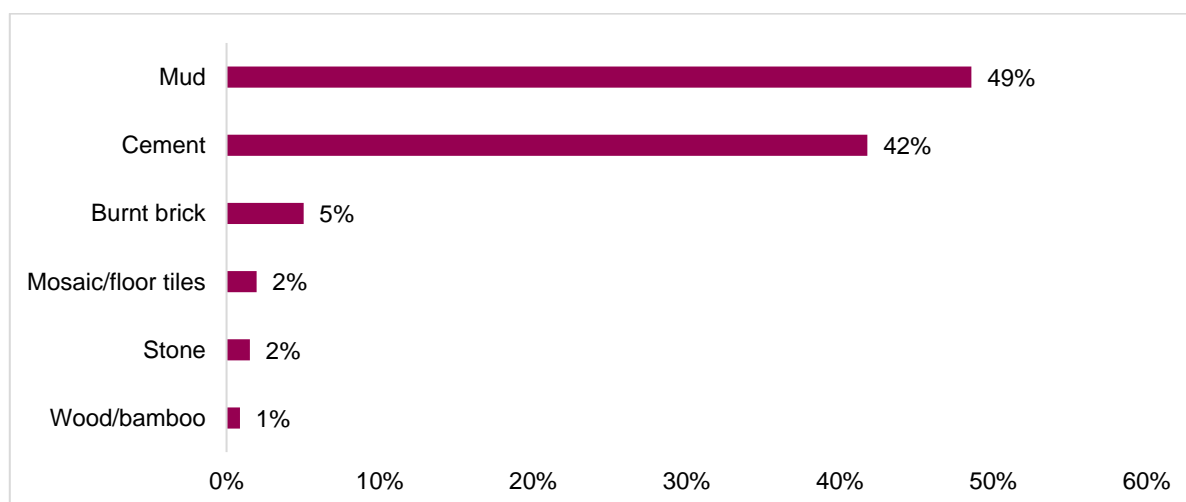
**Figure 40: Main source of drinking water for the household**



## Physical Infrastructure

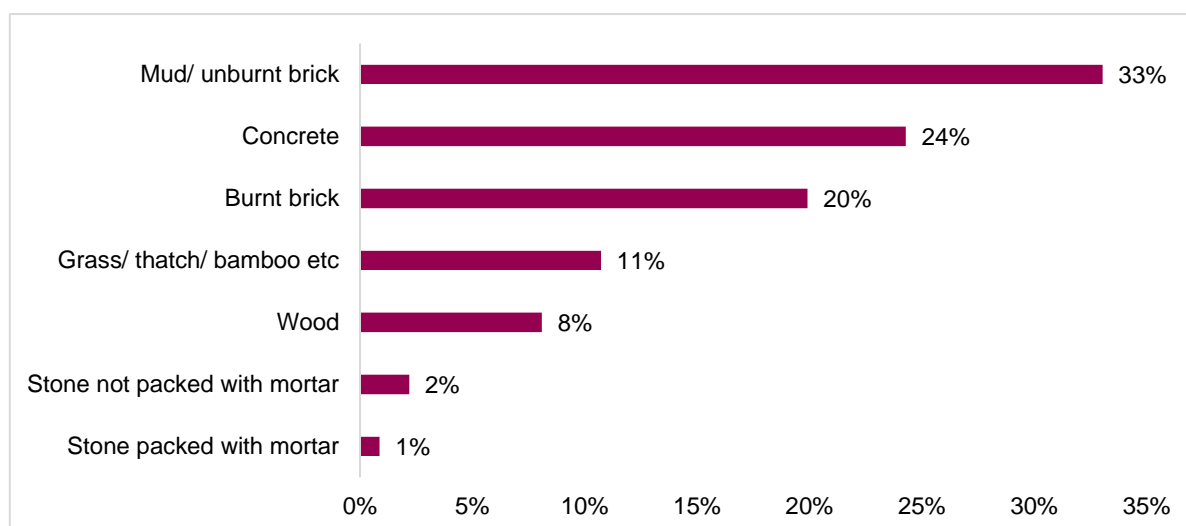
To understand respondents access to physical capital, the field investigators observed and made a note of the material of the house in which the respondents lived. This was with specific reference to the material of the floor, walls and roof of the dwelling, which was selected from a given list of items with which it could be constructed. Findings are presented below.

**Figure 41: Material of floor of the house**



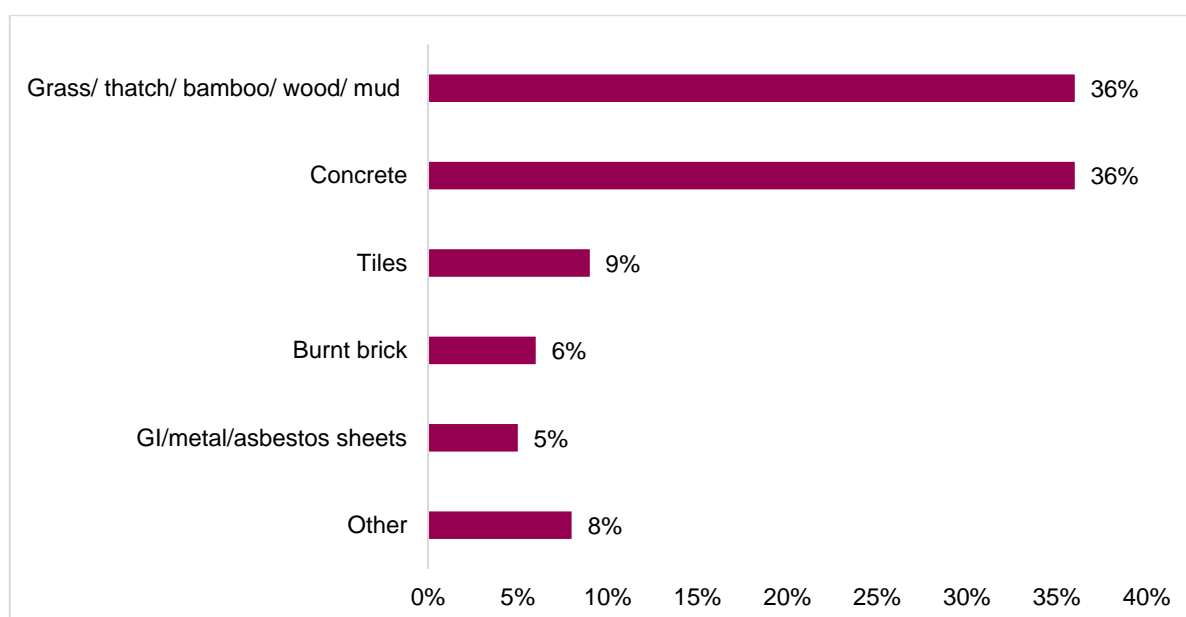
Almost half of the respondents (49%) lived in houses with a mud floor, while 42% lived in houses with flooring made of cement. Around 10% lived in houses with burnt brick, mosaic or floor tiles, stone or wood or bamboo as flooring. This is shown in Figure 41 above.

**Figure 42: Material of wall of the house**



As seen in Figure 42 above, around a third of the respondents (33%) lived in houses with walls made of mud or unburnt brick, while 24% lived in houses made of concrete walls and 20% lived in houses with walls made of burnt brick. The remaining lived-in houses with walls made of grass, thatch or bamboo, wood, stone packed or not packed with mortar.

**Figure 43: Material of roof of the house**

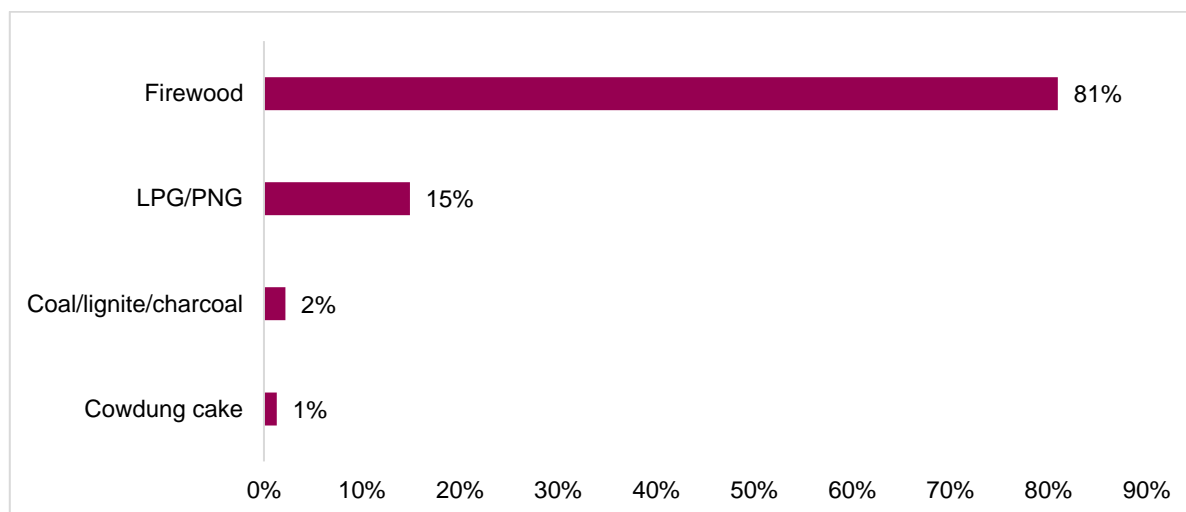


The majority of respondents lived in houses with roofs made of grass, thatch, bamboo, wood or mud (36%) or concrete (36%), while the remaining had houses with roofs made of tiles, burnt bricks, GI, metal, asbestos sheets, plastic, polythene, slate or stone. This is shown in Figure 43 above.

The main source of cooking fuel for the majority of respondents (81%), as seen in Figure 44 below, was firewood. Only 15% used LPG/PNG. Over 90% of households in Odisha and Chhattisgarh reported firewood to be their main source of fuel. Around 37% households in Madhya Pradesh said

that their main source of fuel was LPG/PNG, while 13% in Jharkhand said that it was charcoal, lignite or coal.

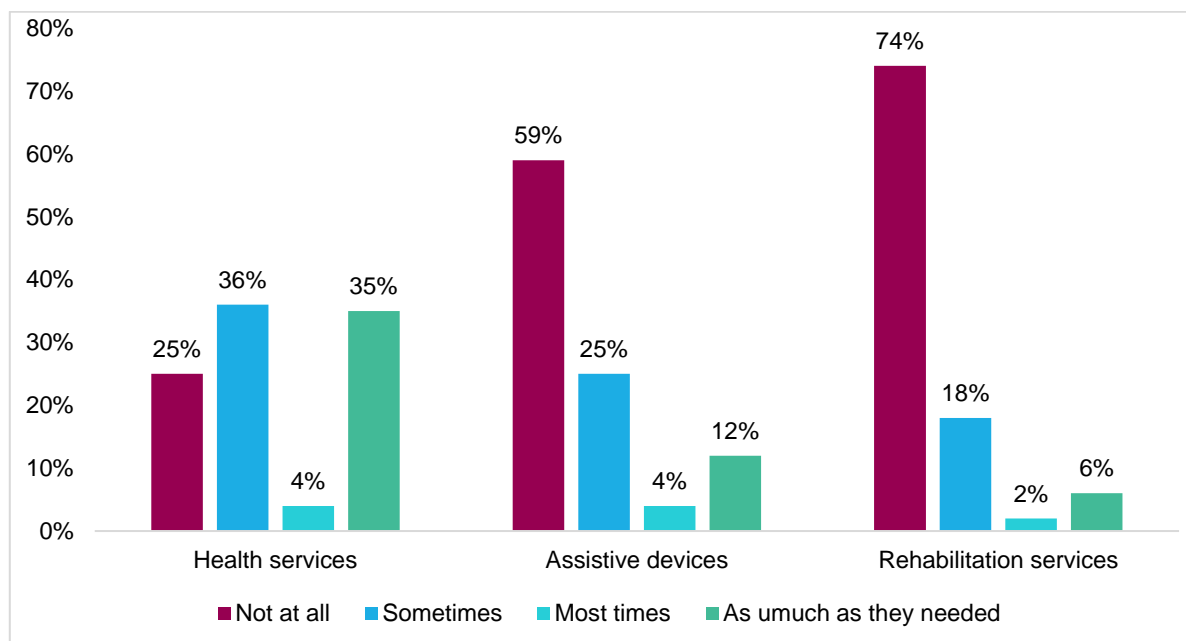
**Figure 44: Main source of cooking fuel of the respondents' household**



## Access to Services

Respondents were also asked about the extent to which they were able to access health services, assistive devices and rehabilitation services in the last 6 months. Responses are illustrated in Figure 45 below.

**Figure 45: Extent to which respondents were able to access to health services, assistive devices and rehabilitation services in the last 6 months**

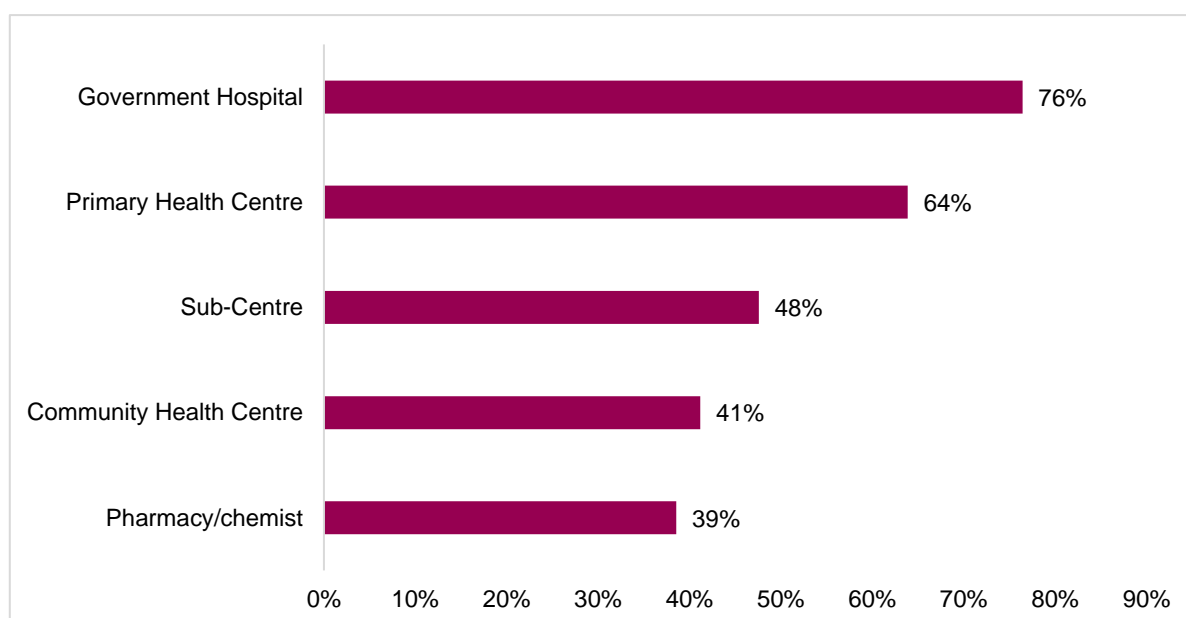


A quarter of all respondents were not able to access health services at all, while the majority of respondents were not able to access assistive devices (59%) or rehabilitation services (74%) at all. On the other hand, 35% of respondents were able to access health services as much as they needed compared with just 12% for assistive devices and 6% for rehabilitation services.

In Jharkhand, 75% of respondents reported 'Not at all' to the question on the extent to which they had been able to access health services in the last 6 months; on the other hand, 55% of individuals in Chhattisgarh, 45% in West Bengal, and 41% in Rajasthan said that they were able to do so as much as they needed. When it came to assistive devices, 86% of individuals in Madhya Pradesh and 76% in Jharkhand reported that they had not been able to access assistive devices at all as and when they had the need for it in the last 6 months.

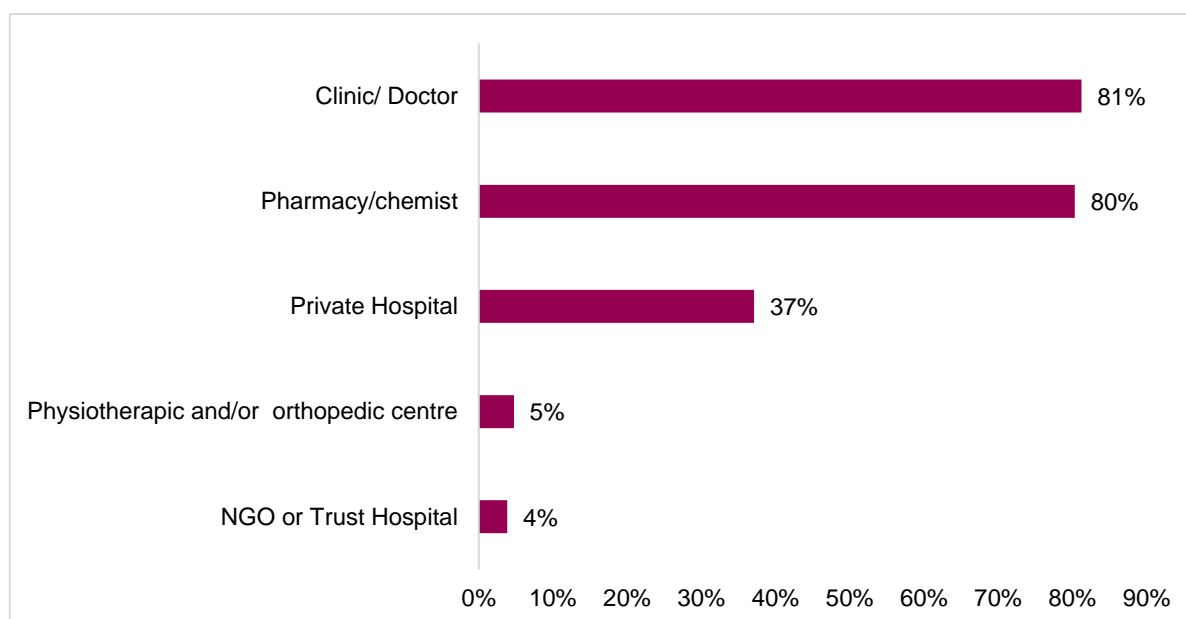
We also asked respondents about access to government and private health facilities as illustrated by Figures 46 and 47 below.

**Figure 46: Access to government health facilities**



The majority of respondents (96%) had access to some government health service, with 76% having access to a government hospital in the area, and 64% having access to a primary health centre (PHC). A little less than 5% of the respondents said that they were unable to access any of the government facilities, although the figure was as high as 35% in Madhya Pradesh. Looking at these figures state-wise, 100% of the respondents in Rajasthan said that they had access to a government hospital, while only 49% in Madhya Pradesh said the same. Access to a government pharmacy was 98% in Rajasthan but only 12% in West Bengal and 19% in Jharkhand.

**Figure 47: Access to private health facilities**



With regards to access to private healthcare facilities, 80% or more reported having access to a private clinic or doctor and a private pharmacy, while only 37% had access to a private hospital.

Almost all the respondents in Rajasthan (99%) and Odisha (98%) said that they had access to a private pharmacy while only 47% said the same in Madhya Pradesh. Access to a private clinic or doctor was over 90% in Rajasthan and West Bengal and over 70% in Chhattisgarh and Jharkhand. Access to a private hospital was highest at 60% in Madhya Pradesh and 59% in Chhattisgarh. It was lowest in Rajasthan (26%) and Jharkhand (28%).

While we did not ask respondents about access to other infrastructure and services in the survey, the lack of transport emerged as a significant challenge in the qualitative data, impacting individuals' access to sustainable livelihoods as well.



“The impact of not having this transport access makes a huge difference, we are not able to earn our daily wages due to inability to travel and the amount of money we need to run our families we do not get and so whatever we earn we have to be satisfied with what we have. We want to move forward with our expectations but due to our lack of reach we are not able to.”

- **Male Respondent, SHG Member, Chhattisgarh**



“There is auto facility in the area, but it costs so much...takes 250-300 to take to the hospital in Junagarh.”

- **Female Respondent, SHG Member Odisha**

## Social Capital

DFID defines social capital as social resources which individuals rely on in order to achieve certain objectives relating to their livelihood (DFID, 2001). Social capital is a concept that recognizes that people's relationships and social networks are an important aspect of a person's health and quality of life (Rodgers, Valuev, Hswen, & Subramanian, 2019).

In this study we have looked at social capital from both the lens of community and individual relationships as outlined by the DFID framework. This includes networks and connectedness, membership in formal groups and relationships of trust.

## Networks

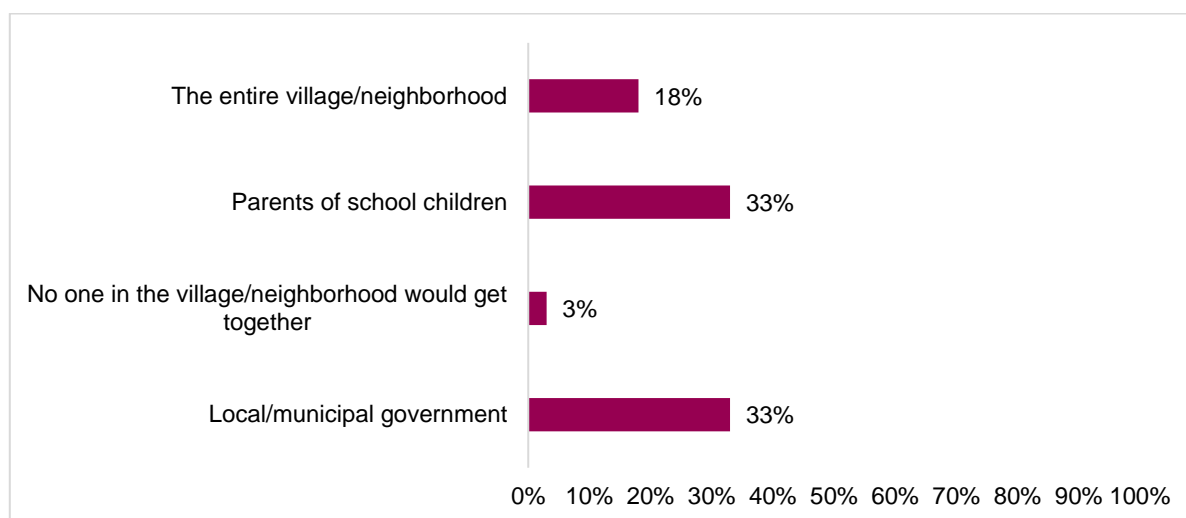
Networks and connectedness increase people's trust and ability to work together and expand their access to wider institutions, such as political or civic bodies. Within this survey questions on social capital were focused on collective action and cooperation which explores how household members can work together with others in their community (Grootaert, Narayan, Nyhan Jones, & Woolcock, 2004)

In the survey, respondents were asked a hypothetical question – If the primary school of the village or neighbourhood went without a teacher for a long time, say six months or more, which people in this village or neighbourhood would get together to take some action.

As illustrated in Figure 48 below, 33% of all respondents said parents of school children, 33% said local or municipal government and 18% said the entire village or neighbourhood would get together to take action. Only 3% of respondents said that no one in the village or neighbourhood would get together.

However, there were differences by state. Over 40% responded that it was likely that the entire village or neighbourhood would come together in Chhattisgarh and Madhya Pradesh while less than 20% of respondents felt their village or neighbourhood would get together to solve the problem in West Bengal (16%), Jharkhand (11%), and Rajasthan (4%).

**Figure 48: If the primary school of the village neighbourhood went without a teacher for a long time, say six months or more, which people in the village or neighbourhood would get together to take action**

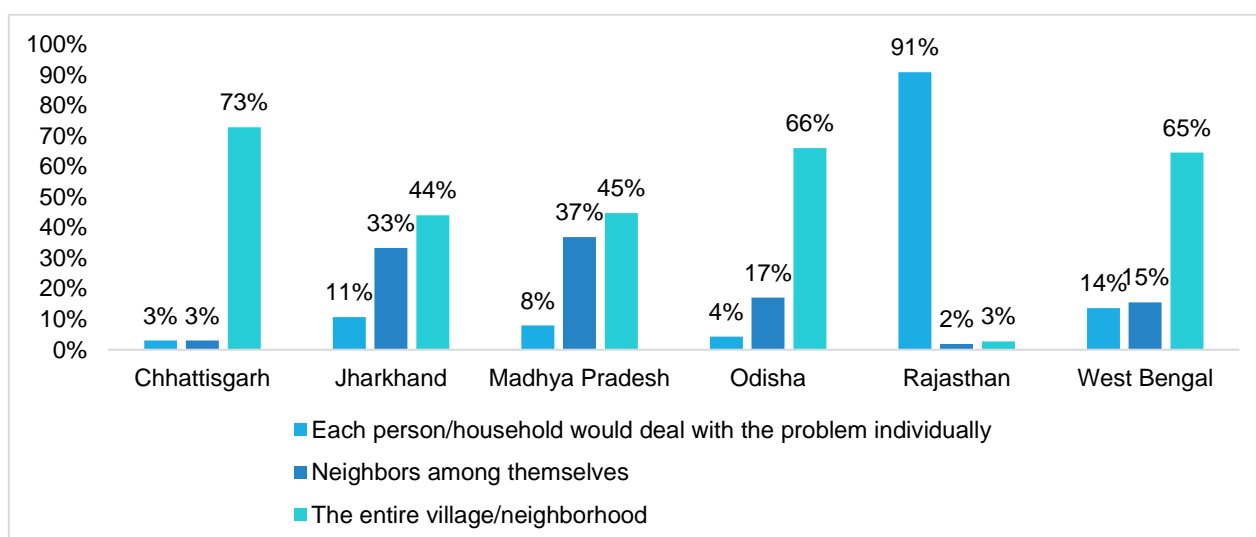


Another hypothetical question was asked in the survey – If there were a problem that affected the entire village or neighbourhood for instance crop disease who do you think would work together to deal with the situation.

As illustrated in Figure 49 below, less than half (46%) of all respondents said the entire village or neighbourhood would deal with the problem together.

Under a third of respondents (29%) said that each person or household would deal with the problem individually and 16% said the neighbours would get together amongst themselves to take action.

**Figure 49: If there were a problem that affected the entire village neighbourhood for instance crop disease who would work together to deal with the situation, by state**



There were differences in response by state. About three quarters of all respondents in Chhattisgarh (73%) and more than 60% of respondents in Odisha and West Bengal said that the entire village or neighbourhood would come together. Only 3% of respondents in Rajasthan felt



their village or neighbourhood would come together. On the other hand, 91% of respondents in Rajasthan felt that each person or household would deal with the problem individually.

During the qualitative interviews, a number of persons with disabilities shared challenges that they face within their communities as well. They identified a lack of social cohesion, support and respect for persons with disabilities.



“Not just government authorities, even the other villagers do not talk to us, if I ask them to drop me somewhere 3 kms away they say no it’s not possible. Bus drivers also do not take us saying it will take us time to get on the bus and then to get off the bus, which takes an extra two minutes for the bus driver. I do not have a leg and if I stand with a stick then he won’t stop for me and only will stop if I stand like other regular people. If he knows that I do not have a leg the bus driver will not stop the bus for me.”

- **Male Respondent, SHG Member, Chhattisgarh**



“I have heard that in Panchayat...that there is one seat reserved for person with disability but people in village do not tell about these things, this is why (people with disabilities) are not able to progress. There are so many challenges in village. Who all will we fight with?”

- **Female Respondent, SHG Member, Chhattisgarh**



““Nobody respects people with disabilities...they have bad things. If we cross by they say why did they happen to see us in the morning and now the entire day will be ruined.”

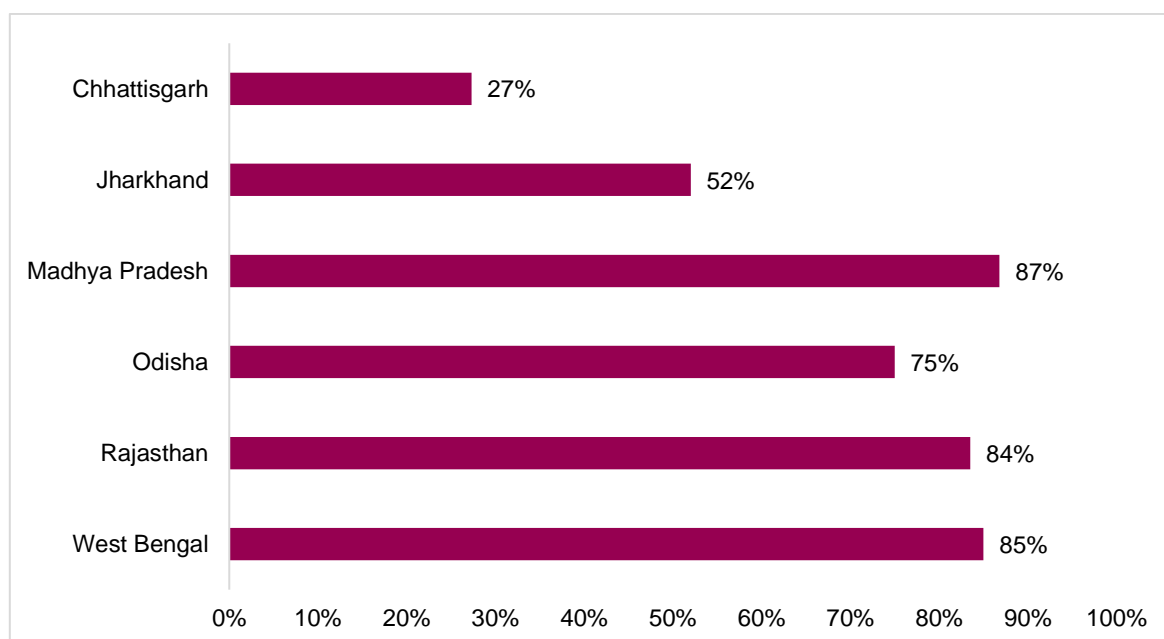
- **Female Respondent, SHG Member, Madhya Pradesh**

## Membership in Groups

Membership in more formalised groups often entails adherence to mutually-agreed or commonly accepted rules, norms and sanctions. We asked respondents about their membership in various groups. Moreover, in the qualitative data collection, we conducted FGDs with OPD and SHG members in order to better understand their functioning and benefits to individuals.

Findings from the quantitative survey indicate that the majority of respondents do not have membership in any formal groups, illustrated by state in Figure 50 below. There were significant differences by state with 87% of respondents in Madhya Pradesh reporting that they are not a part of any formal group as compared with 27% in Chhattisgarh.

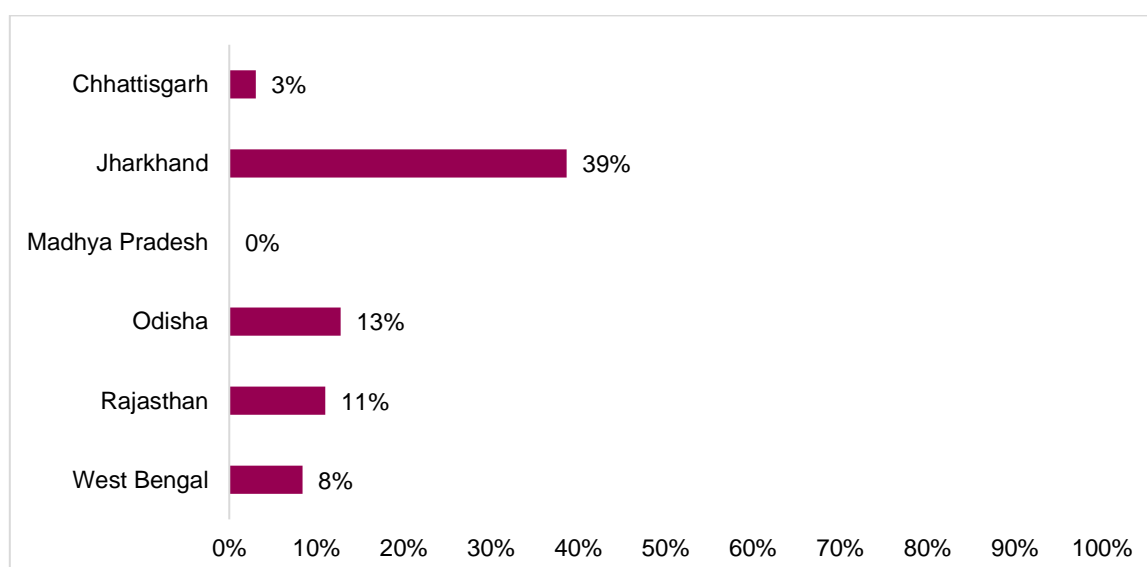
**Figure 50: Membership in no groups, by state**



It is important once again to note that many Sightsavers state teams have actively been working on building and strengthening participation in both OPDs and SHGs, which may impact the results.

The most common group membership reported was in women's groups, which is reported below in Figure 51 for female respondents, by state. Overall, 13% of female respondents reported membership in women's groups. There was variation by state with 39% of female respondents in Jharkhand reporting membership in women's groups as compared with 0% in Madhya Pradesh.

**Figure 51: Membership in women's groups, by state**



During the qualitative data collection, we conducted FGDs with members of both SHGs and OPDs. Majority of members spoke about the importance of SHGs for persons with disabilities. SHG members shared that they are actively engaged in savings which gives them access to credit and control over capital.



“There are many benefits (of SHG) ...like earlier we used to have problems related with finances...like if we needed money we had to ask for people from outside, and if they would not give then we would just stay quiet ...and since we have joined the group, we do not have to ask anybody for money, we do not have to even ask our husbands.”

- **Female Respondent, SHG Member, Madhya Pradesh**

Respondents also mentioned that the most important effect of membership in SHGs was the escape from the informal sources of borrowing and loans from money lenders. They also reported receiving skill training for livelihood opportunities and credit to initiate their businesses. SHGs were also found to be instrumental in raising awareness on existing social schemes and programmes and enabling individuals to take collective action to negotiate with government bodies.



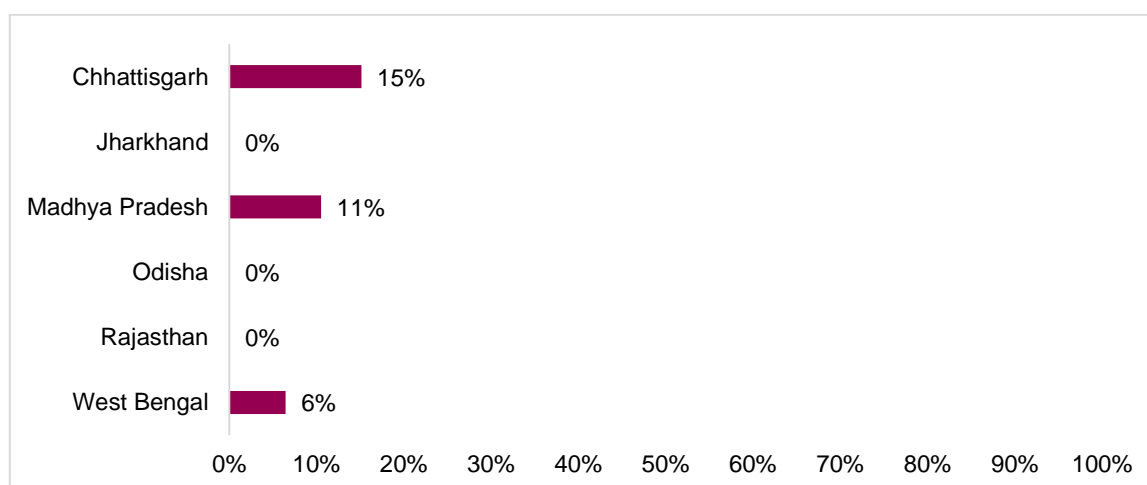
“Earlier they wouldn't even recognize you, irrespective of what disability you have, and we would not get any benefits because of that for standing in line in Panchayat offices and so on. But now that we have formed groups, and am a part of SHG meetings, surveys and other activities, now they have a bit of common sense and humanity, and there is a bit of change in their attitudes.”

- **Female Respondent, SHG Member, West Bengal**

Moreover, one of the key recommendations by government officials during our interviews was to work towards the expansion of SHGs with the goal of including more persons with disabilities.

Participation in OPDs was seen to be low across all states with only 4% of respondents in the survey reporting membership. This was highest in Chhattisgarh where 15% of respondents were members of an OPD. In Jharkhand, Odisha and Rajasthan, none of the respondents reported membership.

**Figure 52: Membership in OPD, by state**



During our interviews and FGDs, OPD members shared that the OPD has been an important form of collectivisation and has helped them in gaining awareness about their rights and entitlements as well as accessing a platform to voice their concerns.



"I did not use to leave the house, and the house was my world. But once I stepped outside, I got the confidence to speak, learned how to speak. I got to see a lot of change in myself because I got to connect to people, learned their thoughts and opinions. I used to think that I could not do anything because I was disabled and I did not leave the house. But once I did so, became part of the OPD, started working, it has given me confidence that I...may not be able to walk properly, but I too have intelligence on par with other normal people, and that if I am faced with a problem, I can find the solution to it myself, and when I am able to solve someone else's problem, then it gives me confidence as well, that I am able to do it. It gives me happiness."

- **Female Respondent, OPD Member, Chhattisgarh**



"The OPD helps the disabled individuals in a lot of ways, to get what they do not have...to get their work done easily without more problems. We are handicapped...so they try and remove the disability...make us feel like we can do it, give us the opportunity and encourage us to come forward to do it. We get a good mentality that we can also do it."

- **Male Respondent, OPD Member, West Bengal**

Apart from their experience with SHGs and OPDs, majority of respondents during the qualitative data were also positive about the support received from Sightsavers in terms of capacity building, linkages with employment opportunities and social support.

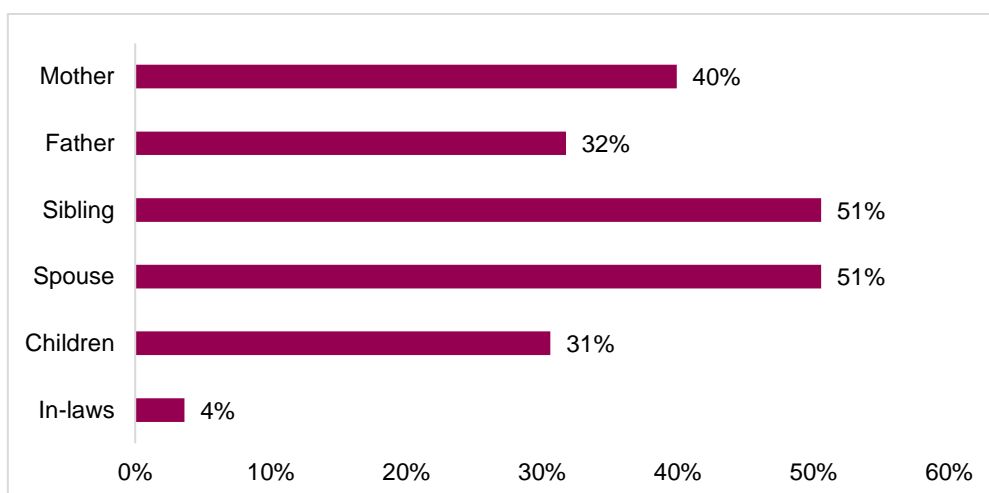
## Relationships of Trust

Relationships of trust, reciprocity and exchange facilitate co-operation, reduce transaction costs and may provide the basis for informal safety nets amongst the poor. We asked respondents if they have people who they can trust. All respondents replied positively to the statement.

We also asked respondents about who the people they trust in their life are. The majority of respondents share relationships of trust with immediate family including their parents, siblings, spouses, children and to a smaller extent their in-laws, as detailed in Figure 53 below. None of the respondents across all states reported relationships of trust with other community members, and very few with extended family members.

Findings from the survey were corroborated by qualitative data where individuals mentioned facing negative remarks and stereotypical behaviour from community members. Majority of respondents also mentioned that they share a close relationship with their immediate family members but the same does not hold true for extended family.

**Figure 53: People who respondents can trust**



“This is why working becomes even more important, so that you are dependent on only yourself. Who will support us forever. Today we have our parents, so it’s okay, but if they are not there tomorrow, then the family members will not support us. Only our parents support us, so it is better to be self-dependent. Even if you are not getting a job, then at least start something on your own, open a shop. At least you will not have to beg someone.”

- Female Respondent, OPD Member, Chhattisgarh

## Political Capital

Political capital refers to the distribution of power, which impacts access to rights and entitlements which build up other capital assets (Baumann & Sinha, 2001). To capture political capital in this study we have included measures of access to social schemes and entitlements as well as awareness of legal rights.

As the Sightsavers State teams have been working actively within the identified district, there could be significant impact on access to social protection including schemes and entitlements. Findings in this area have therefore been given in Annexure VI.

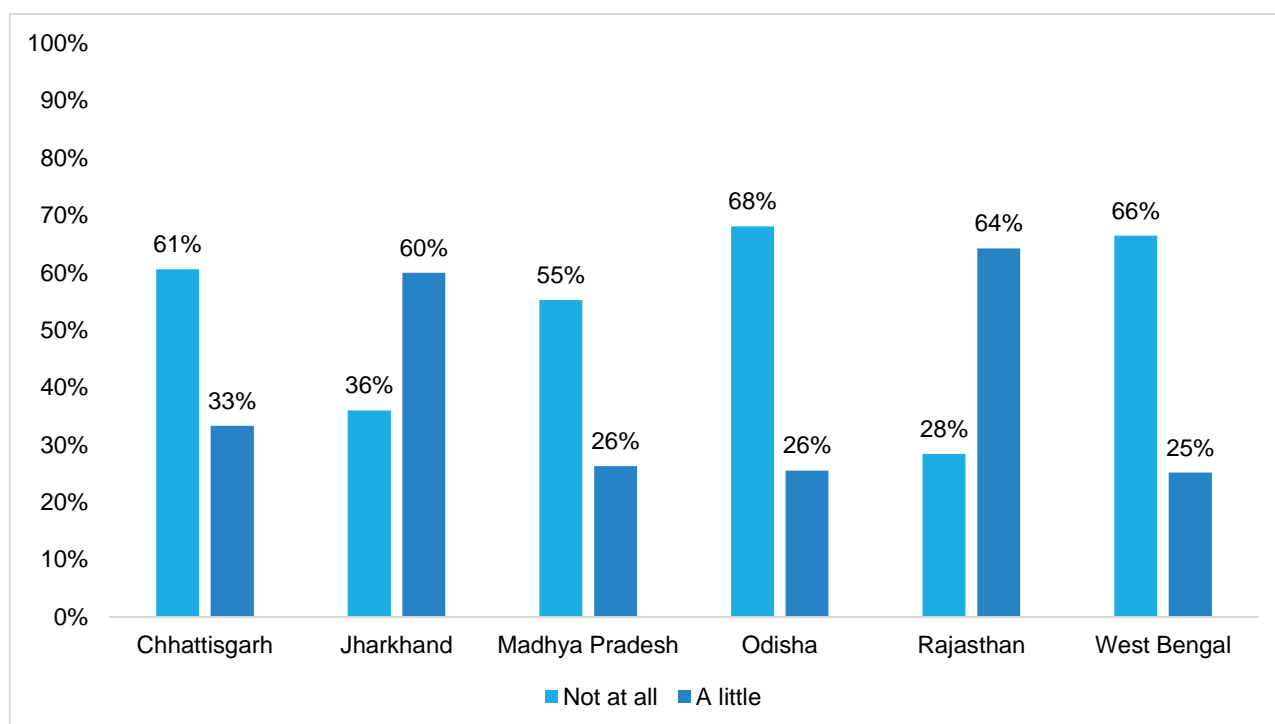
## Awareness of Rights

We investigated respondents’ awareness of their legal rights. We asked about the extent to which they were aware of their legal rights. They were given options of ‘Not at all’, ‘A little’, ‘Moderately’, ‘Mostly’ and ‘Don’t know/Can’t say’. Responses are summarised in Figure 54 below.

Around half (51%) all respondents responded that they are not at all aware of the legal rights. More than 60% of respondents from Odisha, West Bengal and Chhattisgarh reported that they are not at all aware of their legal rights, while in Rajasthan 64% of respondents said they were ‘A little’ aware.

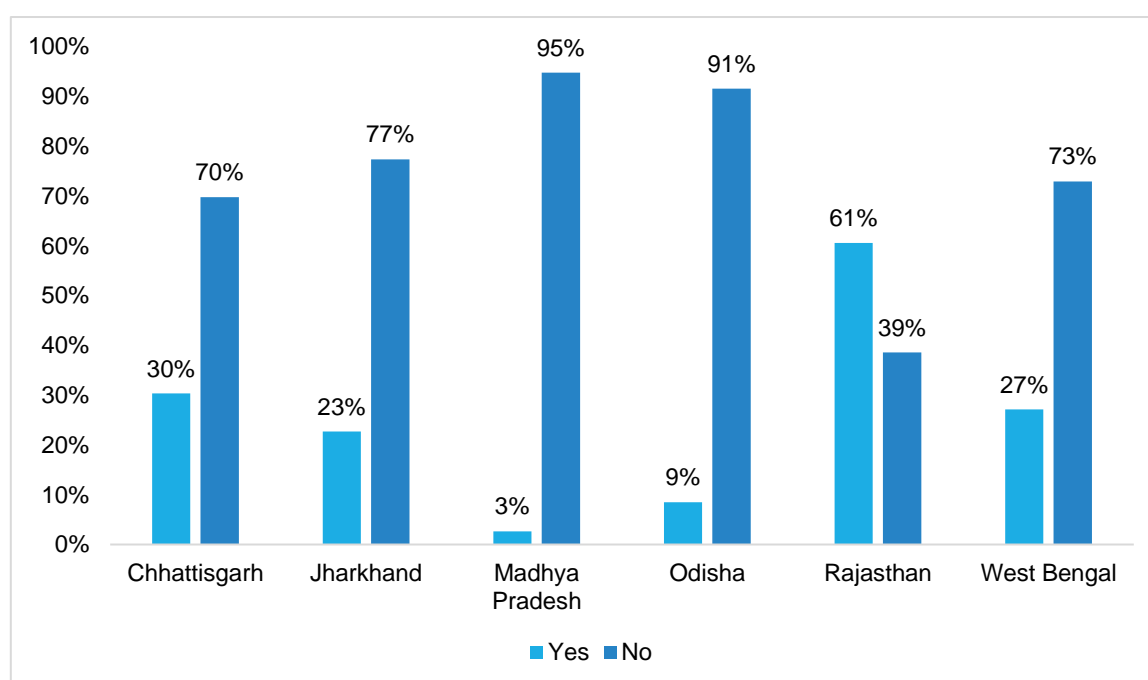


**Figure 54: Awareness of legal rights, by state**



We also asked survey respondents if they were specifically aware that they have a legal right to adaptations to enable them to do their job to the best of their ability. Only 31% of all respondents across all states responded positively that they were aware of this provision. There are variations by state. More than 90% of respondents from Madhya Pradesh and Odisha were not aware of this legal right, 61% of respondents from Rajasthan, on the other hand, were aware of the same.

**Figure 55: Awareness of legal right to adaptations that enable them to do their job to the best of their ability, by state**



During qualitative data collection for the study, multiple different stakeholders across all states including government officials recommended raising awareness among persons with disabilities about their rights and entitlements. Stakeholders also recognised the important role that organisations like Sightsavers India play in building awareness. Moreover, government officials across all the states shared that they would need support from Sightsavers and alike organisations at the grassroots level to identify persons with disabilities, mobilise and prepare a database so they can be linked to available social programmes and schemes.



## Conclusions and Recommendations

---

Economic empowerment is one of the key outcomes of Sightsavers India's Social Inclusion Programme. In order to design and implement effective interventions towards economic empowerment, the organisation recognised the need to conduct a baseline assessment to understand the current context and needs of the communities being served.

In order to capture economic empowerment, measures of engagement in sustainable livelihoods, financial independence, decision-making and well-being were included in the study. Key findings at the outcome level have been summarised below.

- Only one third of persons with disabilities were engaged in work with variations by gender, type of disability and state.
- Self-employment from home was the most commonly reported form of work for persons with disabilities currently engaged in work, although a very small proportion of respondents reported running a business or enterprise.
- Almost three quarters of all respondents reported that they are unable to work as much as they needed with physical accessibility being the most common reason.
- The average income of respondents currently engaged in work varied significantly by state and gender. Additionally, qualitative data indicated that income and earnings for almost all persons earning was insufficient to meet expenses.
- Financial resilience is an area of challenge for respondents with less than a quarter of all respondents reporting the ability to meet sudden expenses without asking friends and family for help. Additionally, approximately one third of all persons with disabilities had no assets in their name, and this was higher for females than males.
- Recognising the role of power and agency in economic empowerment – we found that less than half of all women with disabilities and approximately two thirds of men with disabilities reported making decisions about their own money. Many of the women interviewed shared that decisions are often made without consulting them.
- Expenditure was used as a measure of well-being. Respondents reported majority of household expenditure was on essentials with rations, healthcare and education being the most prominent.
- Food insecurity was very high amongst respondents with significant variations by state.

There were significant differences in findings by state and gender, which are important to inform programme design and also measure progress. Moreover, it will be essential to consider how multiple vulnerabilities may impact individual access and engagement.

In order to effect change towards economic empowerment of individuals, the sustainable livelihoods approach recognises the importance of building access to multiple different livelihood assets (DFID, 2001). Key findings and recommendations for programming to build livelihood assets are provided below.

## Human Capital

- Findings indicate that persons with disabilities need access to multiple avenues for generating income, which will require a multitude of approaches as well.
- In the realm of employment, persons with disabilities lack awareness of job opportunities including how to search for and apply to existing jobs. Another barrier to employment identified was physical accessibility and the lack of reasonable accommodations at workplaces. Recommendations therefore include building awareness amongst persons with disabilities about existing employment opportunities along with their right to reasonable accommodation; whilst simultaneously sensitising and building awareness amongst employers to create an enabling work environment and also actively hire persons with disabilities.
- Self-employment was the nature of work identified by almost half of persons with disabilities currently engaged in work. However, numerous challenges were identified that limit engagement or growth, including: access to sources of capital; access to markets for raw materials and finished products; adequate and accessible transportation to access markets; and a lack of knowledge and business development supports. Providing assistance, support and guidance in these areas would enhance income generation for those currently engaged in self-employment and would also facilitate entry for others. Additionally, it will be essential to support individuals in exploring how to diversify and build multiple income streams as currently the majority of persons engaged in self-employment were unable to earn a sustainable living.
- Access to vocational training remains fairly limited for the majority of persons with disabilities across locations. Improving access would further facilitate entry into self-employment and enterprise. However, qualitative findings from multiple stakeholders stressed the importance of integrating either placement support or enterprise development into the training offered as currently vocational training programmes do not lead to sustainable income generation opportunities for persons with disabilities. Many of those trained reported being unable to identify or build opportunities for earning thereafter.
- Education attainment levels for persons with disabilities across the programme locations are very low. Education is a critical contributing factor towards sustainable livelihoods and therefore identifying and working to remove barriers to school retention and completion will be an important area of work.

## Financial Capital

- We found that earnings and income for individuals and households are insufficient as compared with expenses. Once sustainable income generation avenues have been created as detailed in the previous section on human capital, the focus should be on encouraging and providing avenues for generating formal sources of savings for persons with disabilities. This is critical to improving financial resilience.
- Another recommendation for building financial capital for persons with disabilities is encouraging investment in assets. In part this involves ensuring that assets are in the names

of individuals with disabilities, especially women, and not just others in the household. Additionally, this may also involve investing in both personal and business assets – which can further contribute to income generation over time.

- Access to capital was identified as another challenge for many persons with disabilities who turn to informal sources of borrowing in challenging times. It will be important to therefore provide greater access to formal channels. One way is by focusing on membership in SHGs for both male and female persons with disabilities. The other is by creating linkages to formal loans including by simplifying and providing support with the process and clarity on terms and conditions.

## Natural & Physical Capital

- Ownership of agricultural land by households is low overall, but is even lower when considering if it is in the name of individuals with disability. Access to natural resources is an important source of income generation, especially in rural India. Ensuring access to natural resources could therefore make persons with disabilities less dependent on others.
- Another recommendation is focusing on the provision and development of durable housing for persons with disabilities, through creating linkages with existing housing schemes. A large number of respondents reported living in housing made of temporary materials which makes them more vulnerable to natural disasters and severe weather conditions.
- Water supply was another area for further development. Only one fifth of respondents reported access to piped water directly to their plot or compound. Ensuring persons with disability have access to clean, safe and accessible drinking water must be a priority as it is an important factor for overall health and well-being.
- Similarly, majority of households also reported using sources of fuel that lead to indoor pollution which further have the potential to negatively impact health and well-being. We therefore recommend both raising awareness and also providing access to existing government schemes for clean fuel sources.
- Access to health services was identified as a challenge with the majority of respondents being unable to access adequate health services in the past 6 months. Moreover, the reach of government health facilities was very limited in some states, pushing individuals to accessing private facilities that often come with a high cost. Programming will need to focus on expanding access to government health facilities, with regards to availability and accessibility – but also awareness.
- Similarly, access to assistive devices and rehabilitation services for persons with disability was very limited. We also found that the majority of individuals interviewed in the qualitative data were unable to understand what rehabilitation services are indicating a lack of awareness. Here too, there must be a focus on availability, accessibility and awareness.

## Social Capital

- A lack of social cohesion emerged as a challenge in the quantitative data, with respondents in many locations reporting that the community was unlikely to come together to problem solve or take collective action. Furthermore, a lack of support and respect for persons with disabilities emerged as a barrier for many individuals interviewed, with none of the respondents across all states reporting relationships of trust with community members outside of their family. Recognising social capital and community support as a critical livelihood asset for persons with disability, programming that focuses on community building and sensitisation must be prioritised.
- Multiple stakeholders recognised the value of membership in formal groups for persons with disability, especially SHGs. The benefits of membership in SHGs included access to capital as well as social support. Multiple stakeholders recommended expanding access and involvement of persons with disabilities in SHGs, including building offering for males.
- Similarly, membership and involvement in OPDs was very limited across states. However, in the qualitative interviews individuals highlighted the important benefits of this participation. We therefore recommend a continued focus on developing and strengthening OPDs in the district. Further, many persons with disabilities interviewed identified awareness building, social support and economic intervention as the required focus for OPDs.

## Political Capital

- In discussions with government stakeholders as well as persons with disabilities – the value and importance of organisations such as Sightsavers India was recognised. Stakeholders shared that there are multiple non-profit organisations working within the target districts, and that it would be beneficial if they could come together to set and work towards joint goals. Moreover, government stakeholders recognised that their reach on the ground remains limited and they therefore lean on the support of such organisations for the same.
- In two locations, stakeholders also discussed the need for greater convergence of government services for persons with disabilities. They recognised that there are numerous different schemes and opportunities across different agencies – and Sightsavers India can play an important role in bringing cohesion.
- Sightsavers India has been working actively in many of the districts in ensuring access to benefits and entitlements for persons with disabilities. Success of these efforts was indicated by the findings in some locations with high access to disability certificates and pensions. However, continued efforts are required, particularly for lesser known schemes and benefits.
- Additionally, across all locations and by multiple stakeholders there was a recognition that the current disability pension amount is inadequate and needs to be increased. Advocacy towards this is an important area of work both for programming and in supporting OPDs towards advocacy for the same.
- Awareness of the rights of persons with disabilities and the RPwD Act of 2016 was very limited, with the majority of survey respondents and interviewees unaware. Building awareness and understanding of rights and entitlements is therefore an important area for continued programming. This extends to the sensitisation of government officials as well.

## Works Cited

---

- European Commission, Organisation for Economic Co-operation and Development, United. (2013). *System of Environmental-Economic Accounting (SEEA) 2012 Experimental Ecosystem Accounting*. UN Statistics Division.
- DFID. (2001). *Sustainable Livelihood Guidance Sheets*. London: The Department for International Development.
- Golla, A., Malhotra, A., Nanda, P., & Mehra, R. (2018). *Understanding & Measuring Women's Economic Empowerment: Definition, Framework & Indicators*. Washington D.C.: ICRW: International Center for Research on Women.
- India - National Statistical Office. (2019). *Persons with Disabilities in India, NSS 76th Round*. New Delhi: Government of India, Ministry of Statistics & Programme Implementation, National Statistical Office.
- The Washington Group on Disability Statistics. (2023, February 8). *The Washington Group/ILO Labor Force Survey Disability Module (LFS-DM)*. Retrieved from [https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Washington\\_Group\\_Questionnaire\\_\\_6\\_-\\_WG-ILO\\_Labor\\_Force\\_Survey\\_Disability\\_Module\\_\\_February\\_2023\\_.pdf](https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Washington_Group_Questionnaire__6_-_WG-ILO_Labor_Force_Survey_Disability_Module__February_2023_.pdf)
- The Nossal Institute for Global Health and the Centre for Eye Research Australia. (2015). *Rapid Assessment of Disability Toolkit*. Melbourne: The University of Melbourne.
- OECD. (2020). *OECD/INFE 2020 International Survey of Adult Financial Literacy*. OECD.
- IDDC. (2012). *CBR Guidelines as a Tool for Community Based Inclusive Development*. Brussels: International Disability and Development Consortium.
- The Right to Food Campaign. (2022, February 23). *Hunger Watch II*. Retrieved from <https://phmovement.org/wp-content/uploads/2022/09/Feb-23-Hunger-Watch-Press-Handouts-1.pdf>
- PHDMA & WFP. (2020). *Report on State of Food Security and Nutrition in Odisha*. Bhubaneswar: Poverty & Human Development Monitoring Agency, Planning & Convergence Department, Government of Odisha.
- Rodgers, J., Valuev, A. V., Hsuen, Y., & Subramanian, S. (2019, September). Social Capital and Physical Health: An Updated Review of the Literature for 2007-2018. *Social Science & Medicine*, p. Volume 236.
- Grootaert, G., Narayan, D., Nyhan Jones, V., & Woolcock, M. (2004). *Measuring Social Capital: An Integrated Questionnaire*. Washington D.C.: World Bank Working Paper No. 18.
- Baumann, P., & Sinha, S. (2001, June). Linking Development with Democratic Processes in India: Political Capital and Sustainable Livelihoods Analysis. *ODI: Natural Resource Perspectives*, p. Number 68.

# **Annexure I**

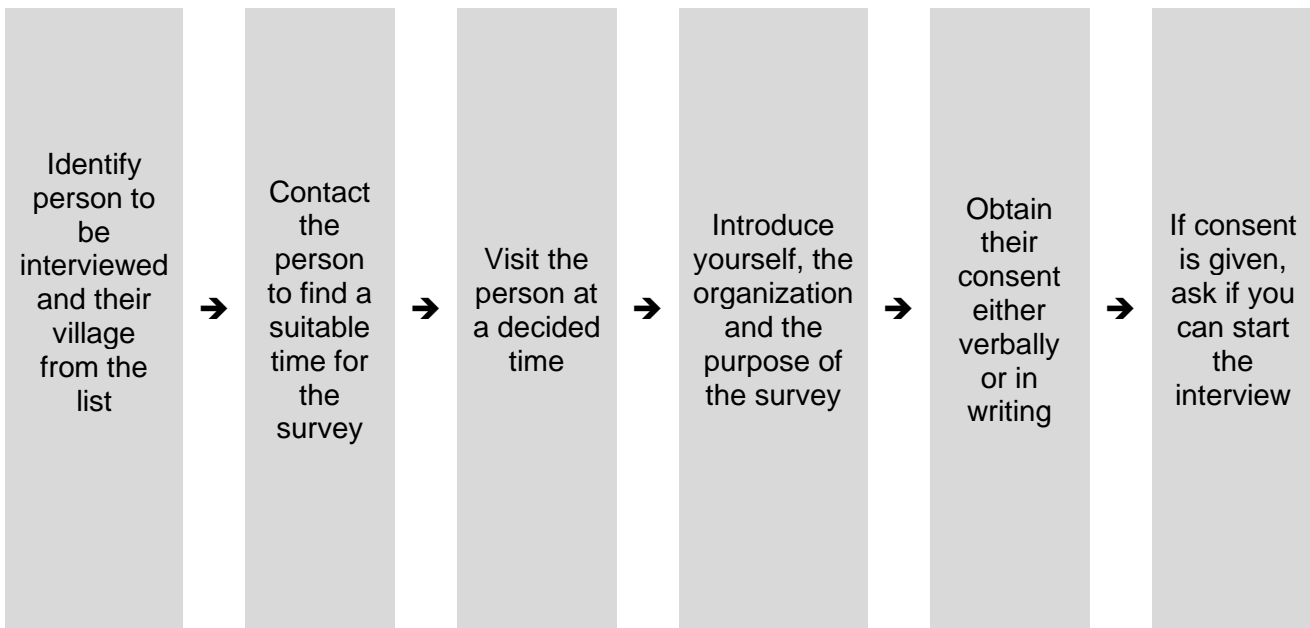
---

## **Survey Tool**

### **Sightsavers India Social Inclusion Survey Guidelines**

**February 2023**

## What to do before starting the survey



## Notes for interviewer

### Making a connection with the respondent

- Make a good first impression
- Always have a positive attitude
- Emphasize confidentiality of responses when necessary
- Answer any questions from the respondent clearly
- Wherever possible, interview the respondent in private
- Individuals who are hearing impaired or have a speech disability or mental retardation. they may have their primary caregiver with them

### Tips for the interview

- Be neutral during the interview
- Never suggest answers to the respondent
- Do not change the order of words or questions
- Handle hesitant respondents tactfully
- Don't build expectations
- Don't rush the interview
- Use distractions if necessary

## Survey

1. (To be filled in by the surveyor) - State, District and Block

- 1) Madhya Pradesh - Katni - Katni
- 2) Rajasthan - Dungarpur – Bichhiwara
- 3) Odisha - Kalahandi – Junagarh
- 4) Jharkhand - Hazaribagh - Chauparan
- 5) Jharkhand - Hazaribagh - Katkamsandi
- 6) Chhattisgarh -Mahasamund - Mahasamund
- 7) West Bengal - Howrah - Amta II
- 8) Do not want to continue

From the given list

2. (To be filled in by the surveyor) - Village

From the given list

3. (To be filled in by the surveyor) - Predominant material of floor of the house

- 1) Mud
- 2) Wood/bamboo
- 3) Burnt brick
- 4) Stone
- 5) Cement
- 6) Mosaic/floor tiles
- 7) Other
- 8) Don't know/Can't say
- 9) Choose not to answer
- 10) Do not want to continue

3 a. Predominant material of floor of the house: Other, please specify:



4. (To be filled in by the surveyor) - Predominant material of wall of the house

- 1) Grass/ thatch/ bamboo etc
- 2) Plastic/ polythene
- 3) Mud/ unburnt brick
- 4) Wood
- 5) Stone not packed with mortar
- 6) Stone packed with mortar
- 7) G.I./metal/ asbestos sheets
- 8) Burnt brick
- 9) Concrete
- 10) Other
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

4 a. Predominant material of wall of the house: Other, please specify:

5. (To be filled in by the surveyor) - Predominant material of roof of the house

- 1) Grass/ thatch/ bamboo/ wood/ mud etc
- 2) Plastic/ polythene
- 3) Handmade tiles
- 4) Machine made tiles
- 5) Burnt brick
- 6) Stone
- 7) Slate
- 8) G.I./metal/asbestos sheets
- 9) Concrete
- 10) Other
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

5a. Predominant material of roof of the house: Other, please specify:

## Informed Consent Form

(To be read to participant prior to the survey)

**Introduction and Propose of the study:** Hello. My name is \_\_\_\_\_. I work for Sightsavers India, and we are implementing social inclusion programme in your area. The study will capture the socio-cultural and economic data of persons with disability in the program districts. This survey will set up a benchmark and provide the baseline indicators of our social inclusion programme

**Procedure:** I request for your permission to be a part in the study, and you may deny if you decide not to participate. The interview will be conducted at day time as per your convenience in a private place and will take approximately 30-40 minutes. There is no monetary benefits/compensation you received if you participate this study.

**Privacy and confidentiality:** The information you provide during this survey will be kept confidential and used only for the specific purpose of this study. Your name or the location of your house and other information that could reveal your identity will be removed before the results of the study are made public or shared between people other than the main researchers working on the project. Your data will be transferred to computers protected by passwords.

**Risks and benefits of participation:** Before you decide whether you want to participate, it is important to listen to the following information carefully and discuss it with others if you wish. If you chose to answer these questions, there will not be a direct benefit to you but you will help us to understand how to improve the services in your locality. The findings of this survey will be disseminated to relevant policy makers to support social inclusion of people with disabilities

**Withdrawal:** Participation in this study is completely voluntary. Choosing not to take part will not disadvantage you in any way. It is up to you to decide whether to take part or not. If you decide to take part, you are free to withdraw at any time and without giving a reason.

**Questions and contacts:** If you have any questions or concerns at a later time, you may contact Dr Ananta Basudev Sahu at +91.11. 65955511/127.

- Would you like to participate?
  - 1) Yes
  - 2) No
  
- (To be filled in by the surveyor) - What kind of consent was given?
  - 1) Written
  - 2) Verbal
  
- Signature

## Household Information

6. Including you, how many members are there in your household? (1-99)
7. How many members under 18yrs are there in your household? (1-99)
8. How many members between 18 and 59yrs are there in your household? (1-99)
9. How many members 60yrs and above are there in your household? (1-99)

Adding 7, 8, and 9 should equal the answer of 6.

10. Does your household have electricity available for domestic use?
  - 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue

11. What is the main source of drinking water for your household ?
  - 1) Piped into residence/ coumpound/ plot
  - 2) Public tap/tap in the neighbourhood
  - 3) Hand pump in residence/coumpound/ plot
  - 4) Public hand-pump
  - 5) Well in residence/coumpound/ plot
  - 6) Covered well
  - 7) Open well and kariz
  - 8) Spring
  - 9) River/ stream
  - 10) Pond / lake
  - 11) Still water: dam
  - 12) Rain water
  - 13) Tanker/ truck
  - 14) Other
  - 15) Don't know/Can't say
  - 16) Choose not to answer
  - 17) Do not want to continue

Kariz - A way to bring water from an aquifer or well to above ground through an underground aqueduct.

12. What is the main fuel used for cooking in your household?
  - 1) Firewood
  - 2) Crop residue
  - 3) Cowdung cake
  - 4) Coal/lignite/charcoal
  - 5) Kerosene
  - 6) LPG/PNG
  - 7) Electricity

- 8) Bio-gas
- 9) Solar
- 10) Other
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

12 a. What is the main fuel used for cooking in your household: Other, please specify:

LPG/PNG - Piped Natural Gas  
 Biogas - gaseous fuel, especially methane, produced from raw materials such as agricultural waste, manure

13. What kind of toilet facility do members of your household usually use? (Read Out Options)

- 1) Flush or pour flush toilet
- 2) Pit latrine
- 3) Twin pit/composting toilet
- 4) Dry toilet
- 5) No facility/uses open space or field
- 6) Other
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

13 a. What kind of toilet facility do members of your household usually use: Other, please specify:

If "No facility/uses open space or field", "Don't know/Can't say", "Choose not to answer" selected go to 17, else go to 14.

**Flush toilet** - A flush toilet uses a cistern or holding tank to flush the water and has a water seal, which is a U-shaped pipe under the seat that blocks the passage of flies and odours.

A pour toilet uses a water seal, but uses hand-poured water to flush (no cistern is used), unlike a flush toilet.

(Select this option if the toilet drains into a pit latrine or septic tank)

**Pit Latrine** - Defecation of faeces directly into pits dug in the ground without flushing.

**Twin pit/composting toilet** - a toilet in which excreta and carbon-rich material (vegetable waste, straw, hay, sawdust, ash) are mixed and special conditions are maintained to produce safe compost.

**Dry latrine** - a place used for defecation and from which faeces are regularly picked up by someone (usually in older cities). In Hindi it is known as Kamau Paikhana.

14. Where is the toilet facility located?

- 1) In own dwelling

- 2) In own yard/plot
- 3) Elsewhere
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

15. Do you share this toilet facility with other households?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes, go to 16, otherwise go to 19.

16. Including your own household, how many households use this toilet facility?

17. Do members of your household have access to a toilet facility?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes, go to 18, otherwise go to 19.

18. What kind of toilet facility do members of your household have access to? (Read Out Options)

- 1) Own Toilet
- 2) Community Toilet
- 3) Shared Toilet with other Households
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

Public toilet - shared with many members in the community and open for use by others.

Shared toilet with other household - shared by a few households who have control and access to the toilet.

19. What type of drainage facility does your household have?

- 1) Closed drainage
- 2) Open drainage
- 3) Drain to soak pit
- 4) No drainage
- 5) Don't know/Can't say
- 6) Choose not to answer
- 7) Do not want to continue

Soak pit - A pit through which sewage is allowed to percolate into the surrounding soil.

This question is about general drainage for the house and not just toilets.

20. What is your household's average monthly income? (0 to 9,99,999)
21. What is your household's average monthly household expenditure?
22. Now I will ask you about some food items, how many times have you and your family members been able to include them in your diet in the last 30 days, i.e. in a month?

In the case of some foods, they may normally consume it, but we need to keep repeating whether they've eaten it specifically in the last 30 days.

23. Cereals such as rice, millets, wheat, etc (Read Out Options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week
- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

The options have to be read out and once the respondents are comfortable with the pattern it need not be read out every time.

Never - They usually eat it but haven't in the last 30 days.

Not Applicable/Do not eat this food - They do not eat the food at all.

24. Pulses (dal/sambar/dalma) (Read Out Options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week
- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

25. Eggs (Read Out Options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week

- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

26. Flesh foods (fish/chicken/mutton...) (Read Out Options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week
- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

27. Milk (Read out options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week
- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

28. Fruits (Read Out Options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week
- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

29. Green leafy vegetables (e.g. palak, saag, methi, chaulai etc) (Read Out Options)

- 1) Never
- 2) 5 or more days a week
- 3) 2-3 times a week
- 4) once a week
- 5) Less than once a week
- 6) Not Applicable/Do not eat this food
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

30. During the last 30 days, was there a time when, because of lack of money or other resources you or others in your household had to skip a meal?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
31. During the last 30 days, was there a time when, because of lack of money or other resources you or others in your household went without eating for a whole day?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
32. What is your household's average monthly household expenditure on food?

### **Individual Information**

33. What is your age? (18-99)
34. What is your gender?
- 1) Female
  - 2) Male
  - 3) Transgender
  - 4) Other
  - 5) Don't know/Can't say
  - 6) Choose not to answer
  - 7) Do not want to continue
- 34 a. What is your gender: Other, Please Specify:
35. What is your religion?
- 1) Hindu
  - 2) Muslim
  - 3) Buddhist/Neo-Buddhist
  - 4) Christian
  - 5) Jain
  - 6) Sikh
  - 7) No Religion
  - 8) Other
  - 9) Don't know/Can't say
  - 10) Choose not to answer
  - 11) Do not want to continue
- 35 a. What is your religion: Other, Please Specify:
36. What is your caste?
- 1) SC



- 2) ST
- 3) OBC
- 4) General
- 5) Other
- 6) Don't know/Can't say
- 7) Choose not to answer
- 8) Do not want to continue

36 a. What is your caste: Other, Please Specify:

If they say the name of a specific caste, ask whether they fall under the scheduled caste, scheduled tribes, other backward classes, or general category as per the government classification?

37. What is your marital status?

- 1) Married
- 2) Single
- 3) Widowed
- 4) Divorced/Separated
- 5) Other
- 6) Don't know/Can't say
- 7) Choose not to answer
- 8) Do not want to continue

37 a. What is your marital status: Other, Please Specify:

### **Health and Disability**

38. What type of disability do you have? (Select all that apply)

- 1) Acid Attack victim
- 2) Autism Spectrum Disorder
- 3) Blindness
- 4) Cerebral Palsy
- 5) Chronic Neurological conditions
- 6) Dwarfism
- 7) Hearing Impairment (deaf and hard of hearing)
- 8) Haemophilia
- 9) Intellectual Disability
- 10) Leprosy Cured persons
- 11) Locomotor Disability
- 12) Low-vision
- 13) Mental Illness
- 14) Multiple Disabilities including deaf blindness
- 15) Multiple Sclerosis
- 16) Muscular Dystrophy
- 17) Parkinson's disease
- 18) Sickle Cell disease
- 19) Specific Learning Disabilities
- 20) Speech and Language disability

- 21) Thalassemia
- 22) Other
- 23) Don't know/Can't say
- 24) Choose not to answer
- 25) Do not want to continue

38 a. What type of disability do you have: Other, Please Specify:

- 1) Blindness
  - difficulty seeing
  - Completely blind
- 2) Low-vision
  - low vision (inability to recognize colours in case of age less than 60 years)
- 3) Leprosy Cured persons
  - Deformity of hands or feet or fingers
  - Curvature
  - discoloured spots on the skin of the body
  - Numbness of hands or feet or fingers
- 4) Hearing Impairment (deaf and hard of hearing)
  - Deafness
  - high hearing or low hearing
- 5) Locomotor Disability
  - Disability of hand or foot or both
  - paralysis
  - amputated arm or leg
- 6) Dwarfism
  - An adult of height 4 feet 10 inches or 147 centimetres or less
- 7) Intellectual Disability
  - Difficulty in learning, problem solving, reasoning etc.
  - Difficulty in daily tasks, in social functioning and in adaptive behaviour

Including Mental Retardation

  - Difficulty understanding / speaking
  - Difficulty expressing oneself
- 8) Mental Illness
  - Unusual behaviour
  - Talking to oneself
  - Delusions / hallucinations
  - Addiction (Drug etc.)
  - Anxiety
  - Staying silent

- 9) Autism Spectrum Disorder
  - Difficulty concentrating on a task
  - unable to make eye contact
  - Staying silent
- 10) Cerebral Palsy
  - Stiffness in the legs
  - Difficulty walking
  - Difficulty with hand movements
- 11) Muscular Dystrophy
  - Muscle weakness and deformity
- 12) Chronic Neurological conditions
  - Any chronic neurological conditions other than multiple sclerosis and Parkinson's disease
- 13) Specific Learning Disabilities
  - Difficulty in understanding speaking, dictation, article, writing, simple addition, remainder multiplication, weight in division, distance etc.
- 14) Multiple Sclerosis
  - Problems with the coordination of the brain and spinal cord
- 15) Speech and Language disability
  - difficulty speaking
  - speaking different from normal speech that other people do not understand
- 16) Thalassemia
  - Deformity of haemoglobin in the blood
  - decrease in blood volume
- 17) Haemophilia
  - Excessive bleeding from injury
  - Bleeding won't stop
- 18) Sickle Cell disease
  - Excessive loss of blood (anaemia)
  - Deterioration of body parts/organs due to lack of blood
- 19) Multiple Disabilities including deaf blindness
  - Suffering from two or more disabilities
- 20) Acid Attack Victim
  - Abnormal/affected body parts like hands/feet/eyes etc. due to acid attack
- 21) Parkinson's Disease
  - Stiffness in the muscles of the arms / legs

39. Do you have a disability certificate?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
40. Do any other members of your family have a disability?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue

If yes, go to 41, otherwise go to 42.

41. How many other members of your family have a disability?
42. In the last 6 months, to what extent have you been able to access health services as much as you needed? (Read Out Options)
- 1) As much as I needed
  - 2) Most times
  - 3) Sometimes
  - 4) Not at All
  - 5) Don't know/Can't say
  - 6) Choose not to answer
  - 7) Do not want to continue

If they have no need for the service, mark "As much as I needed"

43. In the last 6 months, to what extent have you been able to access assistive devices as much as you needed? (Read Out Options)
- 1) As much as I needed
  - 2) Most times
  - 3) Sometimes
  - 4) Not at All
  - 5) Don't know/Can't say
  - 6) Choose not to answer
  - 7) Do not want to continue

If they have no need for the service, mark "As much as I needed"

44. In the last 6 months, to what extent have you been able to access rehabilitation services as much as you needed? (Read Out Options)
- 1) As much as I needed
  - 2) Most times
  - 3) Sometimes
  - 4) Not at All
  - 5) Don't know/Can't say

- 6) Choose not to answer
- 7) Do not want to continue

Rehabilitation services are services that help people with disabilities function better, such as physical therapy, exercises to improve a person's speech, language, and communication.

If they have no need for the service, mark "As much as I needed"

45. What kind of public or government health services do you have access to? (Read Out Options)  
(Select all that apply)
- 1) Sub-Centre
  - 2) Primary Health Centre
  - 3) Community Health Centre
  - 4) Government Hospital
  - 5) AYUSH Centre (Ayurveda/Yoga/Unani/Homeopathy)
  - 6) Physiotherapy and/or orthopaedic centre
  - 7) Pharmacy/chemist
  - 8) None of the above
  - 9) Other
  - 10) Don't know/Can't say
  - 11) Choose not to answer
  - 12) Do not want to continue

45 a. What kind of public or government health services do you have access to: Other, Please Specify:

We are only asking about government health facilities here.

46. What kind of private health services do you have access to? (Read Out Options) (Select all that apply)
- 1) Private Hospital
  - 2) NGO or Trust Hospital
  - 3) Clinic/ Doctor
  - 4) Physiotherapy and/or orthopaedic centre
  - 5) Pharmacy/chemist
  - 6) Other
  - 7) Don't know/Can't say
  - 8) Choose not to answer
  - 9) Do not want to continue

46 a. What kind of private health services do you have access to: Other, Please Specify:

We are only asking about private health facilities here.

47. What kind of health services are more useful for you? (Read Out Options)
- 1) Clinic / doctor / Health centre
  - 2) Hospital
  - 3) Physiotherapy and/or orthopaedic centre

- 4) Pharmacy/chemist
- 5) Other
- 6) Don't know/Can't say
- 7) Choose not to answer
- 8) Do not want to continue

47 a. What kind of health services are more useful for you: Other, Please Specify:

48. What is the average monthly expenditure on your healthcare?

49. Do you have any health insurance? (Read Out Options)

- 1) Yes, government
- 2) Yes, Private
- 3) Yes, both government and private
- 4) No
- 5) Don't know/Can't say
- 6) Choose not to answer
- 7) Do not want to continue

### Education

50. Do you know how to read and write?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

51. Are you currently attending education?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes, go to 52, otherwise go to 53.

52. What level of education are you currently attending?

- 1) Below Primary
- 2) Class 1 to 5
- 3) Class 6 to 8
- 4) Class 9 to 10
- 5) Class 11 to 12
- 6) Diploma/Certificate Course (up to Secondary)
- 7) Diploma/Certificate Course (Higher Secondary)
- 8) Graduation
- 9) Post-Graduation and above
- 10) Other
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

Go to 54.

53. Till what level did you study?
- 1) No Schooling
  - 2) Below Primary
  - 3) Completed Class 5
  - 4) Completed Class 8
  - 5) Completed Class 10
  - 6) Completed Class 12
  - 7) Diploma/Certificate Course (up to Secondary)
  - 8) Diploma/Certificate Course (Higher Secondary)
  - 9) Graduation
  - 10) Post-Graduation and above
  - 11) Don't know/Can't say
  - 12) Choose not to answer
  - 13) Do not want to continue

We need to know how about the level **completed** - for example if they have studied till class 5 but haven't completed class 5, it would be 'below primary'.

54. Are you currently attending any vocational skilling/training?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
55. Have you undertaken any vocational skilling/training in the past?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue

56. What was this for? (NA if no vocational training undertaken currently or in the past)

Here if yes to both 54, and 55, then it should be recorded as [present course], [past course].

57. Have you been able to access education or skills training as much as you needed? (Read Out Options)
- 1) As much as I needed
  - 2) Most times
  - 3) Sometimes
  - 4) Not at All
  - 5) Have not needed to access education and skills training services
  - 6) Don't know/Can't say
  - 7) Choose not to answer
  - 8) Do not want to continue

If 'As much as I needed/don't know/can't say/choose not to answer' go to question 59 otherwise go to question 58.

58. What are the reasons / difficulties for not being able to access education and skills training as much as you needed? (Select all that apply)

- 1) Lack of information
- 2) No services/facility
- 3) Physical accessibility
- 4) Absence of reasonable accommodation
- 5) Negative attitudes towards you at the services/facility
- 6) Cost of service/facility
- 7) Difficulty getting to services/facility from home
- 8) Absence of personal assistance
- 9) Family did not want me to access services/facilities
- 10) Family has difficulty assisting me to access services/facility
- 11) Other
- 12) Don't know/Can't say
- 13) Choose not to answer
- 14) Do not want to continue

58 a. What are the reasons / difficulties for not being able to access education and skills training as much as you needed: Other, Please Specify:

**Lack of information** - There is no information about education/skill training.

**No services/facility** - No facility to provide education/skill training.

**Physical accessibility** - Difficulty in reaching the facility imparting education/skill training, or due to lack of aids for persons with disabilities after reaching there, for example ramps, wheelchair access etc.

**Absence of reasonable accommodation** - Lack of an appropriate system that is put in place to enable the person with disability/disabled to participate in education/skill training and enjoy the benefits and privileges enjoyed by other students/employees.

**Cost of service/facility** - Cost of attending education/skill training, including travel cost to reach the facility.

**Difficulty getting to services/facility from home** - Difficulty in accessing a facility that provides education/skills training for persons with disabilities.

**Absence of personal assistance** - In a situation where personal assistance is required, there is no such support

59. To what extent does your educational institution make it easy or hard for you to study or learn?

[Read Out Options]

- 1) Very Easy
- 2) Easy
- 3) Neither Easy nor Hard
- 4) Hard
- 5) Very Hard
- 6) Not applicable
- 7) Don't know/Can't say
- 8) Choose not to answer



- 9) Do not want to continue

### **Employment**

60. Do you have equal opportunities as your peers to find a job?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
61. How big a problem is it for you to find a job? [Read Out Options]
- 1) No problem
  - 2) Some Problem
  - 3) Very big problem
  - 4) Don't know/Can't say
  - 5) Choose not to answer
  - 6) Do not want to continue
62. Have you done any work in the last 12 months?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
63. Are you currently working or engaged in any Economic Activity?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue

If the answer is yes then go to question 64 otherwise go to question 88.

64. What is the nature of the main work you are engaged in? [Read out Options]

- 1) Self Employed from home
- 2) Self Employed outside of the home
- 3) Employed with a regular salary
- 4) Fixed wage work
- 5) Piece rate work
- 6) Casual labour
- 7) Other
- 8) Don't know/Can't say
- 9) Choose not to answer
- 10) Do not want to continue

64 a. What is the nature of the main work you are engaged in: Other, Please Specify:

Piece rate work -when the worker is paid per unit produced or action performed

Casual labour - a person without fixed employment, paid according to a daily or periodic work rate.

65. Are you paid in cash or kind for this work or are you not paid at all?

- 1) Cash only
- 2) Cash and kind
- 3) In kind only
- 4) Not paid
- 5) Don't know/Can't say
- 6) Choose not to answer
- 7) Do not want to continue

66. Is your work full time, part time or seasonal?

- 1) Full time
- 2) Part time
- 3) Seasonal
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

67. What is your current occupation, that is, what kind of work do you mainly do?

68. Since have you been doing this job/enterprise?

69. What is your average monthly income from this work?

70. Do you have skills that enable you to do your work? [Read Out Options]

- 1) Yes, can perform independently
- 2) Yes, can perform with assistance and you are on training
- 3) Yes, can perform with assistance but you are not on training
- 4) No, currently on training
- 5) No, currently not on training
- 6) Don't know/Can't say

- 7) Choose not to answer
  - 8) Do not want to continue
71. How do you rate your current work ability with respect to the physical demands of your work? [Read Out Options]
- 1) Very Good
  - 2) Rather Good
  - 3) Moderate
  - 4) Rather Poor
  - 5) Very Poor
  - 6) Don't know/Can't say
  - 7) Choose not to answer
  - 8) Do not want to continue
72. How do you rate your current work ability with respect to the mental demands of your work? [Read Out Options]
- 1) Very Good
  - 2) Rather Good
  - 3) Moderate
  - 4) Rather Poor
  - 5) Very Poor
  - 6) Don't know/Can't say
  - 7) Choose not to answer
  - 8) Do not want to continue
73. Do you find that your job is correct, taking into account your educational level? [Read Out Options]
- 1) Yes
  - 2) No, it requires a lower level
  - 3) No, it requires a higher level
  - 4) No, I would need other studies different than those I have
  - 5) Don't know/Can't say
  - 6) Choose not to answer
  - 7) Do not want to continue
74. How useful is your formal education for your job? [Read Out Options]
- 1) Not useful at all
  - 2) Not so useful
  - 3) Somewhat Useful
  - 4) Useful
  - 5) Very Useful
  - 6) Don't know/Can't say
  - 7) Choose not to answer
  - 8) Do not want to continue
75. Were your hours worked last week less than the normal hours worked per week?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer

5) Do not want to continue

When compared to the number of hours they usually work, was the amount of work they did last week less than that?

76. What was the reason for working less than the normal hours last week?

- 1) Own illness, injury
- 2) Holiday, vacation
- 3) Personal, family responsibilities
- 4) Education leave or training (outside the place of work)
- 5) Did not want more hours
- 6) Job start/ended within the reference period
- 7) Strike
- 8) Other voluntary (non-economic) reason
- 9) Lock-out
- 10) Slack period, off season
- 11) Reduction in economic activity (no work available, lack of raw materials, clients, orders, etc.)
- 12) Temporary disorganization, suspension of work (bad weather, mechanical, electrical breakdown, shortage of raw materials, fuel, etc.)
- 13) Could not find more work or full-time work
- 14) Other involuntary (economic) reason
- 15) Other
- 16) Don't know/Can't say
- 17) Choose not to answer
- 18) Do not want to continue

76 a. What was the reason for working less than the normal hours last week: Other, Please Specify:

**Strike** - Collective refusal to work by employees.

**Lock-out** - Stoppage of work or denial of employment by the management of a company during a labour dispute.

77. Do you have any other sources of income?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If the answer is yes then go to question 78 otherwise go to question 85.

78. What is the nature of this work? [Read out Options]

- 1) Self Employed from home
- 2) Self Employed outside of the home
- 3) Employed with a regular salary
- 4) Fixed wage work

- 5) Piece rate work
- 6) Casual labour
- 7) Other
- 8) Don't know/Can't say
- 9) Choose not to answer
- 10) Do not want to continue

78 a. What is the nature of this work: Other, Please Specify

79. What is your occupation, that is, what kind of work is it?

80. What is your average monthly income from this work? (0 to 999,999)

81. Do you have any other sources of income?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If the answer is yes then go to question 82 otherwise go to question 85.

82. What is the nature of the this work? [Read out Options]

- 1) Self Employed from home
- 2) Self Employed outside of the home
- 3) Employed with a regular salary
- 4) Fixed wage work
- 5) Piece rate work
- 6) Casual labour
- 7) Other
- 8) Don't know/Can't say
- 9) Choose not to answer
- 10) Do not want to continue

82 a. What is the nature of the main work you are engaged in: Other, Please Specify: Other, Please Specify:

83. What is your occupation, that is, what kind of work is it?

84. What is your average monthly income from this work? (0 to 999,9999)

85. Which of the following do you receive from your work? [Read Out Options]

- 1) PF/ pension (i.e., GPF, CPF, PPF, pension, etc.)
- 2) Gratuity
- 3) Health care
- 4) Maternity benefits
- 5) Other

- 6) None
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

85 a. Which of the following do you receive from your work: Other, Please Specify:

86. How many people in your family are dependent on your income?

- 1) 0
- 2) 1
- 3) 2
- 4) 3
- 5) 4
- 6) 5+
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

87. Are you currently seeking other or better work?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

Go to 90

88. If not working, what is the main reason?

- 1) Student
- 2) Childcare/duties/work inside the house
- 3) Too old / retired
- 4) Incapable of working, physically
- 5) Incapable of working, mentally
- 6) Nobody would give me a job because I am disabled
- 7) Long illness (more than 1 month)
- 8) I am looking for my first job
- 9) No jobs opportunities in the area
- 10) Quit/suspended from job
- 11) Other
- 12) Don't know/Can't say
- 13) Choose not to answer
- 14) Do not want to continue

88 a. If not working, what is the main reason Other, Please Specify: Other, Please Specify:

89. Are you currently seeking employment?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer

5) Do not want to continue

90. In the last 6 months, to what extent have you been able to work for a living as much as you needed?

[Read Out Options]

- 1) As much as I needed
- 2) Most times
- 3) Sometimes
- 4) Not at all
- 5) Have not needed to work
- 6) Don't know/Can't say
- 7) Choose not to answer
- 8) Do not want to continue

If the answer is 'As much as I needed', 'Have not needed to work', 'Don't know/Can't say', 'Choose not to answer', go to question 92, otherwise go to question 91.

91. What are the reasons / difficulties for not being able to work as much as you needed? (Select all that apply)

- 1) Lack of information
- 2) No services/facility
- 3) Physical accessibility
- 4) Absence of reasonable accommodation
- 5) Negative attitudes towards you at the services/facility
- 6) Cost of service/facility
- 7) Difficulty getting to services/facility from home
- 8) Absence of personal assistance
- 9) Family did not want me to access services/facilities
- 10) Family has difficulty assisting me to access services/facility
- 11) Other
- 12) Don't know/Can't say
- 13) Choose not to answer
- 14) Do not want to continue

91. a. What are the reasons/difficulties for not being able to work as much as you needed: Other, Please Specify

Same as question 58.

92. To what extent does your workplace make it easy or hard for you to work? [Read Out Options]

- 1) Very Easy
- 2) Easy
- 3) Neither Easy nor Hard
- 4) Hard
- 5) Very Hard
- 6) Not applicable
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

## Enterprise

If Self Employed from home or Self Employed outside of the home is selected in question 64/78/82 then go to question 93 else go to question 102.

93. Do you own or run a business?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes - go to 94, else go to 102.

94. Where do you mainly sell your products/services? [Read Out Options]

- 1) Private markets
- 2) Government markets
- 3) Other
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

94 a. Where do you mainly sell your products/services: Other, Please Specify:

95. How easy or hard is it to access these markets to sell your products/services? [Read Out Options]

- 1) Very Easy
- 2) Easy
- 3) Neither Easy nor Hard
- 4) Hard
- 5) Very Hard
- 6) Not applicable
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

96. Where do you get your raw materials/consumable inputs for your business? [Read Out Options]

- 1) Private markets
- 2) Government markets
- 3) Other
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

96 a. Where do you get your raw materials/consumable inputs for your business: Other, Please Specify:

97. How easy or hard is it to access these markets to get the raw materials/inputs for your business? [Read Out Options]

- 1) Very Easy



- 2) Easy
- 3) Neither Easy nor Hard
- 4) Hard
- 5) Very Hard
- 6) Not applicable
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

98. From where did you borrow money for your business?

- 1) Borrow from banks
- 2) Borrow from an informal provider/moneylender
- 3) Borrow from SHGs
- 4) Borrow from family or friends
- 5) Other
- 6) Does not borrow money for business
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

98 a. From where did you borrow money for your business: Other, Please Specify:

99. Which of the following does your enterprise own? [Read Out Options]

- 1) Agricultural Land
- 2) Other Real Estate
- 3) Livestock
- 4) Agricultural Equipment (Large and Small)
- 5) Non-agricultural Enterprises and Enterprise Assets
- 6) Consumer Durables (eg: fridge, TV, motorbike etc.)
- 7) Financial Assets (bank deposit savings, fixed deposits etc.)
- 8) Loan or Debt
- 9) Other
- 10) None of the Above
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

99 a. Which of the following does your enterprise own: Other, Please Specify:

100. During the past two years have you participated in any training programs related to your business?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

101. What kind of training or support related to your business have you attended? (select all that apply)

- 1) Technical aspects of the business
- 2) Financial and accounting
- 3) Running the business

- 4) Marketing
- 5) Other
- 6) None
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

101 a. What kind of training or support related to your business have you attended: Other, Please Specify:

## Savings and Borrowing

102. Which of the following does your household own? [Read Out Options] (Select all that apply)

- 1) House
- 2) Agricultural Land
- 3) Other Real Estate
- 4) Livestock
- 5) Agricultural Equipment (Large and Small)
- 6) Non-agricultural Enterprises and Enterprise Assets
- 7) Consumer Durables (eg: fridge, TV, motorbike etc.)
- 8) Financial Assets (bank deposit savings, fixed deposits etc.)
- 9) Loan or Debt
- 10) Valuables (eg: jewellery etc.)
- 11) Other
- 12) None of the Above
- 13) Don't know/Can't say
- 14) Choose not to answer
- 15) Do not want to continue

102 a. Which of the following does your household own: Other, Please Specify:

**Non-agricultural Enterprises and Enterprise Assets** - for example manufacturing, construction, trade and repair services, hotels and restaurants, transport, storage and communication, financial intermediation, real estate, rental and commercial activities, education etc.

103. Which of the following are in your own name? [Read Out Options] (Select all that apply)

- 1) House
- 2) Agricultural Land
- 3) Other Real Estate
- 4) Livestock
- 5) Agricultural Equipment (Large and Small)
- 6) Non-agricultural Enterprises and Enterprise Assets
- 7) Consumer Durables (eg: fridge, TV, motorbike etc.)
- 8) Financial Assets (bank deposit savings, fixed deposits etc.)
- 9) Loan or Debt
- 10) Valuables (eg: jewellery etc.)
- 11) Other
- 12) None of the Above

- 13) Don't know/Can't say
- 14) Choose not to answer
- 15) Do not want to continue

103 a. Which of the following are in your own name: Other, Please Specify:

104. Do you have any savings?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes - go to 105, otherwise go to 106.

105. For what purposes do you use your savings?

- 1) Daily Expenses
- 2) Social Ceremonies (Marriage, Birth, Death, Festivals etc.)
- 3) Education of children
- 4) Enhancement of Business
- 5) Purchase of Property (House, land)
- 6) Extension of house
- 7) Repair of House
- 8) Purchase of Consumer Items
- 9) Health related reasons (illness)
- 10) Other
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

105 a. For what purposes do you use your savings: Other, Please Specify:

106. In the last one year, did you borrow money for any reason?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes - go to 107, otherwise go to 109.

107. What did you borrow it for?(Select all that apply)

- 1) Health
- 2) Education
- 3) For renting/purchasing a house
- 4) Social Ceremonies (Marriage, Birth, Death, Festivals etc.)
- 5) To send to family
- 6) Other
- 7) Don't know/Can't say
- 8) Choose not to answer

9) Do not want to continue

107 a. What did you borrow it for: Other, Please Specify:

108. From where did you borrow money for these purposes? (Select all that apply)

- 1) Pawn jewellery or mortgage assets
- 2) Borrow from family or friends
- 3) Borrow from banks
- 4) Borrow from employer/salary advance
- 5) Borrow from an informal provider/moneylender
- 6) Borrow from chit funds
- 7) Borrow from SHGs
- 8) Pawn ration card
- 9) Other
- 10) Don't know/Can't say
- 11) Choose not to answer
- 12) Do not want to continue

108 a. From where did you borrow money for these purposes: Other, Please Specify:

109. What financial products & services are you currently using or have used in the past? (Read Out Options)

- 1) Loan
- 2) Savings/ Bank Account
- 3) Insurance
- 4) Remittance/ money transfer
- 5) None of the Above
- 6) Don't know/Can't say
- 7) Choose not to answer
- 8) Do not want to continue

If Insurance is selected then 110, if not then 111.

110. If you have insurance what kind do you have? (Select all that apply)

- 1) Life Insurance
- 2) Health Insurance
- 3) Motor Insurance
- 4) Home Insurance
- 5) Agricultural Insurance
- 6) Other Insurance
- 7) Don't know/Can't say
- 8) Choose not to answer
- 9) Do not want to continue

110 a. If you have insurance, what kind do you have: Other, Please Specify:

## Decision-making and Self Sufficiency

111. Do you make day-to-day decisions about your own money?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

112. And who is responsible for making day-to-day decisions about money in your household? [Read Out Options]

- 1) You make these decisions by yourself
- 2) You make these decisions with someone else
- 3) Someone else makes these decisions
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

If ' You make these decisions with someone else or 'Someone else makes these decisions is selected then 113, else 114.

113. Who makes these decisions? (select all that apply)

- 1) Father
- 2) Mother
- 3) Husband
- 4) Wife
- 5) Son
- 6) Daughter
- 7) Father-in-law
- 8) Mother-in-law
- 9) Sister
- 10) Brother
- 11) Sister-in-law
- 12) Brother-in-law
- 13) Other male member
- 14) Other female member
- 15) Don't know/Can't say
- 16) Choose not to answer
- 17) Do not want to continue

114. And who is responsible for making other day-to-day decisions in your household? [Read Out Options]

- 1) You make these decisions by yourself
- 2) You make these decisions with someone else
- 3) Someone else makes these decisions
- 4) Don't know/Can't say
- 5) Choose not to answer
- 6) Do not want to continue

If ' You make these decisions with someone else or 'Someone else makes these decisions is selected then 115, else 116.

115. Who makes these decisions? (select all that apply)

- 1) Father
- 2) Mother
- 3) Husband
- 4) Wife
- 5) Son
- 6) Daughter
- 7) Father-in-law
- 8) Mother-in-law
- 9) Sister
- 10) Brother
- 11) Sister-in-law
- 12) Brother-in-law
- 13) Other male member
- 14) Other female member
- 15) Don't know/Can't say
- 16) Choose not to answer
- 17) Do not want to continue

116. If you, personally, faced a major expense today – equivalent to your own monthly income – would you be able to pay it without borrowing the money or asking family or friends to help?

[Add if necessary: "if you do not currently have an income, please think about an unexpected expense equivalent to the amount of money you typically spend in a month."]

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

The first part is for those who are currently working - if they are faced with a sudden expense that is equal to their normal monthly income, will they be able to handle it without borrowing from someone?

The second part is for those who are not currently working - if they are faced with a sudden expense that is equal to their normal monthly expenses, will they be able to deal with it without borrowing from someone?

## Access and Barriers

117. Do you receive any cash benefits from the government linked to your disability?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

118. Do you receive any goods or services from the government linked to your disability?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
119. Do you receive any of the following benefits? [Read Out Options] (Select all that apply)
- 1) Bus pass
  - 2) Rail Pass
  - 3) Assistive devices
  - 4) Pension
  - 5) Job card
  - 6) Ration card
  - 7) Labour card
  - 8) Health Insurance card
  - 9) Housing Pradhan Mantri Awas Yojana/Indira Awas Yojna
  - 10) Other
  - 11) Don't know/Can't say
  - 12) Choose not to answer
  - 13) Do not want to continue
- 119 a. Do you receive any of the following benefits: Other, Please Specify:
120. To what extent do you know your legal rights? [Read Out Options]
- 1) Not at all
  - 2) A little
  - 3) Moderately
  - 4) Mostly
  - 5) Completely
  - 6) Don't know/Can't say
  - 7) Choose not to answer
  - 8) Do not want to continue
121. Are you aware that people with disabilities have a legal right to adaptations to enable them to do their job to the best of their ability?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
122. Do you move around inside and outside the village or neighbourhood just as your peers do?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue

123. How big a problem is it for you to move around and outside the village or neighbourhood as your peers do? [Read Out Options]
- 1) No problem
  - 2) Some Problem
  - 3) Very big problem
  - 4) Don't know/Can't say
  - 5) Choose not to answer
  - 6) Do not want to continue
124. In your village/neighbourhood can you visit the same public and common places as your peers?
- 1) Yes
  - 2) No
  - 3) Don't know/Can't say
  - 4) Choose not to answer
  - 5) Do not want to continue
125. How big a problem is it for you to visit the same public and common places as your peers? [Read Out Options]
- 1) No problem
  - 2) Some Problem
  - 3) Very big problem
  - 4) Don't know/Can't say
  - 5) Choose not to answer
  - 6) Do not want to continue

Now I am going to ask you some questions about how the community functions and deals with problems

126. If the primary school of this village/neighbourhood went without a teacher for a long time, say six months or more, which people in this village/neighbourhood do you think would get together to take some action about it? [Read Out Options]
- 1) No one in the village/ neighbourhood would get together
  - 2) Local/municipal government
  - 3) Village/neighbourhood association
  - 4) Parents of school children
  - 5) The entire village/ neighbourhood
  - 6) Other
  - 7) Don't know/Can't say
  - 8) Choose not to answer
  - 9) Do not want to continue
- 126 a. If the primary school of this village/neighbourhood went without a teacher for a long time, say six months or more, which people in this village/neighbourhood do you think would get together to take some action about it? Other, Please Specify:

They may not be facing such a situation or they may not have faced such a situation, but ask them to imagine that they are.

127. If there were a problem that affected the entire village/neighbourhood, for instance crop disease, who do you think would work together to deal with the situation? [Read Out Options]



- 1) Each person/household would deal with the problem individually
- 2) Neighbours among themselves
- 3) All community leaders acting together
- 4) The entire village/ neighbourhood
- 5) Other
- 6) Don't know/Can't say
- 7) Choose not to answer
- 8) Do not want to continue

127 a. If there were a problem that affected the entire village/neighbourhood, for instance crop disease, who do you think would work together to deal with the situation? Other, Please Specify:

They may not be facing such a situation or they may not have faced such a situation, but ask them to imagine that they are.

128. Are you a member of any groups, organizations, or associations? [Read Out Options] (Select all that apply)

- 1) Farmers'/fishermen's group
- 2) Cooperative
- 3) Traders' association/ business group
- 4) Professional association
- 5) Trade union
- 6) Credit/finance group
- 7) Water/waste group
- 8) Neighbourhood/village association
- 9) Civic group
- 10) NGO
- 11) OPD
- 12) Religious group
- 13) Cultural association
- 14) Political group
- 15) Youth group
- 16) Women's group
- 17) Parent group
- 18) School committee
- 19) Health committee
- 20) Sports group
- 21) Not a member of any group
- 22) Other
- 23) Don't know/Can't say
- 24) Choose not to answer
- 25) Do not want to continue

128 a. Are you a member of any groups, organizations, or associations: Other, Please Specify:

129. Do you need any assistance in everyday life?

- 1) Yes
- 2) No

- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If the answer is "Yes" then go to question 130, otherwise go to question 131.

130. Who takes care of you in everyday life? (Select all that apply)

- 1) Mother
- 2) Father
- 3) Sister/brother
- 4) Spouse
- 5) Your children
- 6) In-laws
- 7) Other member of family
- 8) Community members
- 9) No one
- 10) Other
- 11) Don't know/Can't say
- 12) Choose not to answer
- 13) Do not want to continue

If 'Other member of family' or 'Community members' then please specify in 130a.

130 a. Who takes care of you in everyday life: Other /Community Members, Please Specify:

131. Is there anyone in your life that you can trust?

- 1) Yes
- 2) No
- 3) Don't know/Can't say
- 4) Choose not to answer
- 5) Do not want to continue

If yes, then go to 132, else exit.

132. Who is this/are these?(Select all that apply)

- 1) Father
- 2) Mother
- 3) Husband
- 4) Wife
- 5) Son
- 6) Daughter
- 7) Father-in-law
- 8) Mother-in-law
- 9) Sister
- 10) Brother
- 11) Sister-in-law
- 12) Brother-in-law
- 13) Other male member

- 14) Other female member
- 15) Don't know/Can't say
- 16) Choose not to answer
- 17) Do not want to continue

132 a. Who is this/are these: Other, Please Specify:

If 'Other member of family or 'Community members then please specify in 132a.

- Remarks  
Please share if there are any important remarks about this household
- Name of Data Collector

-END-

# Annexure II

---

## Interview Tools

### SHG/OPD FGD

1. Introductions & Informed Consent
2. Let us start with introductions. Wondering if we could go around in a circle and each of you could tell us a little bit about yourself and your involvement with the SHG/OPD?
3. Tell us a little bit about the work that you currently do? If you are not currently working could you tell me about work that you have done in the past?
  - a. Could you tell me a little bit about your journey till here?  
What was your experience in education? What were some successes and challenges you faced?
  - b. What was the process of finding/starting the work that you do? What are some successes and challenges you faced?
4. If currently/previously working:  
Could you tell me a little bit more about your workplace/business? What are things you like about it? What are some successes you have had? What are some challenges you face in your work? Why so?  
If currently not working:  
What are some reasons why you are currently not engaged in work? Could you tell me a little more about this?
5. Could you tell me a little bit about your earnings and expenditure? What are some of your greatest expenses, Why so? How about for your household?
  - a. Are there ever situations in your household where the expenditure in a month is greater than the income? How do you deal with these? Could you tell me a little bit about other experiences with borrowing?
  - b. What is your experience with savings? Could you tell me more about how you or your household manages to save? What do you use your savings for?
  - c. What are some government schemes that you have access to? What is the process of accessing them? What challenges do you face with the same?
6. Could you tell me a little bit more about your family and household? What is your relationship with different members of your family like?
  - a. How are important decisions made in your family? How about day-to-day decisions? Could you give me an example? Why do you think that is?
7. Could you tell us a little bit about the SHG/OPD that you are a part of? About the members?
  - a. How does the SHG/OPD function? What are some things that you do together?
  - b. What are some benefits of the SHG/OPD? Why so? What are some areas you would like the SHG/OPD to work on in the future?
8. What kind of employment/self-employment opportunities in this area?
  - a. How would you describe the general situation of access to employment and small business opportunities for PWDs in your area? Could you share some examples?
  - b. What about the access to support and information on employment and small business opportunities for PWDs in your area? What are some successes? Factors that enable employment/entrepreneurship? Challenges?
  - c. What do you think could be done to strengthen opportunities and access to employment/entrepreneurship of PWDs in your area?

9. How would you describe the general situation of access to employment and small business opportunities for women in your area? What about women with disabilities?
  - a. What are some of the specific challenges that women with disabilities face in accessing economic opportunities? How about successes or supports?
10. Could you tell us more generally about your experience in terms of availability and accessibility of services in this area?
  - a. What about health services? Transportation? Disability-related assistance?
  - b. How do you think these services impact your economic engagement and/or participation? How do you think it can be strengthened and improved?
11. In general when you consider the economic empowerment of PWDs in your area, what are some things that you feel would be of support?
  - a. Is there anything else you would like to add or share?

## Positive Deviant Interview

1. Introductions & Informed Consent
2. Could you tell me a little bit about yourself and your family?
  - a. Could you tell me a little bit more about your background?
3. Could you tell me a little bit about your current work?
  - a. What about your journey to this job/setting up this business? What was the process of finding/setting it up?
  - b. Could you tell us about your experiences in education? School/College/Vocational Skilling? What were some successes and challenges you had?
4. What are some of the successes you have had in your job/business? What are the factors that contributed to this success? Why so?
  - a. What are some challenges that you have faced in your job/business? How did you overcome these challenges? What factors helped you overcome these challenges? Why so?
  - b. What are some supports that you have received in this journey? Could you tell me a little bit more about them?
5. What is the progression or future that you see in your current job/business?
  - a. What are some obstacles or challenges that you foresee? How do you plan to overcome these?
  - b. What are some supports that you feel you require to attain this future/growth? Could you share some examples or details of the same?
6. Could you share a little bit about your earnings and expenditure? How do you manage and/or balance both?
  - a. Could you tell me a little bit more about your key expenses for yourself? What about for your family/household?
  - b. What are some supports or schemes that you access from the government or other sources? Could you describe them and the process of applying for them? What are the benefits/challenges you have faced with regards to these?
7. Could you tell me a little bit more about your family/household? Could you describe your relationship with everyone in the house?
  - a. And how are decisions made in your family/household? How is this different for big decisions as compared with the day to day? What role do you usually play? Why so?
  - b. How about finances and expenses, how are these decisions made? Why so? What role do you usually play? And what role would you hope to play?

8. Have you ever experienced a situation where your expenses are greater than your income for a month? Could you tell me a little bit about the last time this happened? What did you do in this situation? How did you cope with it? How about for your family/household?
  - a. Could you tell me a little bit about any other borrowing that you or your family have had to do? What was the situation? And how did you manage it?
  - b. Could you also tell me a little bit about you and your family's situation with regards to saving?
9. Could you tell me a little bit about the community you live in?
  - a. What are some of the benefits/challenges of living in your community? Could you give me some examples?
  - b. Could you describe access to various needs and services that you have in your community? How about services that you are unable to access? Could you describe the challenges you face?
10. Based on your own experience, what are some recommendations you have to support the economic empowerment of PWDs in your community?
  - a. Is there anything else you would like to add or share?

## Government Official Interview

1. Introductions & Informed Consent
2. Could you tell us a little bit about yourself and your responsibilities in your role?
  - a. Could you tell me a little bit about your department and the work that you do with PWDs?
3. How would you describe the general situation of access to employment and small business opportunities for PWDs in your area?
  - a. Could you describe the nature and quality of economic opportunities available to PWDs? In your experience could you also comment on the impact and sustainability of the economic opportunities available? What facilitates or limits this?
  - b. What variation do you see in employment/entrepreneurship opportunities by Gender? How about by Type of Disability? Are there any other differences by demographics that you have observed?
4. What are some of the barriers that PWDs in your community face with regards to employment and/or entrepreneurship?
  - a. What are some supports that are available to facilitate PWDs access to employment/entrepreneurship?
  - b. How do these barriers and facilitators differ by Gender? How about by Type of Disability? How about by Age and other demographic factors?
5. Could you tell us a little bit about your involvement in disability inclusion? How about economic empowerment of PWDs? How does this relate to your roles and responsibilities? Why so?
  - a. What changes and/or improvement have you seen in your area towards inclusion and empowerment of PWDs in recent years? Why do you feel so?
  - b. What are areas for improvement that you feel remain? Why so?
6. Access to Capital
  - a. **Human Capital**  
 Could you tell us a little bit about the opportunities for education/training/skilling available to PWDs in your community?  
 What are some barriers/enablers for PWDs In this regard?
  - b. **Financial Capital**  
 Could you tell us a little bit about access to financial services and financing for PWDs in your

community?

What are some barriers/enablers for PWDs In this regard?

c. **Social Capital**

Could you tell us a little bit about access to and membership in support groups for PWDs in your community? SHGs? Other Community Groups?

What are some barriers/enablers for PWDs In this regard?

d. **Political Capital**

Could you tell us about any legal provision/schemes that govern access to employment and small business opportunities for PWDs in your area? What about social security and/or economic empowerment schemes?

What are some barriers/enablers for PWDs in this regard?

e. **Natural Capital**

Could you tell us about the involvement of PWDs in agriculture as employment in your community? What access do they have to agricultural resources?

What are some barriers/enablers for PWDs in this regard?

7. What are some things that you feel can be done to further support the economic empowerment of PWDs in your area? What role do you feel your department will play in this?
  - a. What are some challenges/barriers that you might face in the process?
  - b. What kind of support do you think you require?
8. Is there anything else you would like to share with us?

## Training Institute Interview

1. Introductions & Informed Consent
2. Could you tell us a little bit about yourself and your responsibilities in your role?
3. Could you tell us a little bit about the training institute and the work that you do with PWDs?
  - a. What are the goals of the institute? Specifically with regard to working with PWDs?
  - b. Could you walk us through all the different activities that you conduct at the institute?
4. Could you tell us about the trainings conducted in your institute for PWDs? Could you describe the end to end engagement that you have with partners?
  - a. What are some of the successes that you see at the training institute? What are some areas for improvement?
  - b. What are some of the outcomes of the trainings that were conducted for PWDs? Could you give us some specific examples?
5. How would you describe the general situation of access to employment and small business opportunities for PWDs in your area?
  - a. Could you describe the nature and quality of economic opportunities available to PWDs? In your experience could you also comment on the impact and sustainability of the economic opportunities available? What facilitates or limits this?
  - b. What variation do you see in employment/entrepreneurship opportunities by Gender? How about by Type of Disability? Are there any other differences by demographics that you have observed?
6. What are some of the barriers that PWDs in your community face with regards to employment and/or entrepreneurship?
  - a. What are some supports that are available to facilitate PWDs access to employment/entrepreneurship?
  - b. How do these barriers and facilitators differ by Gender? How about by Type of Disability? How about by Age and other demographic factors?



7. Could you tell us a little bit about your involvement in disability inclusion? How about economic empowerment of PWDs? How does this relate to your roles and responsibilities? Why so?
  - a. What changes and/or improvement have you seen in your area towards inclusion and empowerment of PWDs in recent years? Why do you feel so?
  - b. What are areas for improvement that you feel remain? Why so?
8. Access to Capital
  - a. **Human Capital**  
 Could you tell us a little bit about the opportunities for education/training/skilling available to PWDs in your community?  
 What are some barriers/enablers for PWDs In this regard?
  - b. **Financial Capital**  
 Could you tell us a little bit about access to financial services and financing for PWDs in your community?  
 What are some barriers/enablers for PWDs In this regard?
  - c. **Social Capital**  
 Could you tell us a little bit about access to and membership in support groups for PWDs in your community? SHGs? Other Community Groups?  
 What are some barriers/enablers for PWDs In this regard?
9. What are some things that you feel can be done to further support the economic empowerment of PWDs in your area? What role do you feel your department will play in this?
  - a. What are some challenges/barriers that you might face in the process?
  - b. What kind of support do you think you require?
10. Is there anything else you would like to share with us?

## Private Employer Interview

1. Introductions & Informed Consent
2. Could you tell us a little bit about yourself and your responsibilities in your role?
3. Could you tell us a little bit about your company and the work that you do?
  - a. Could you tell us a little bit about your team? How about your hiring processes? How do you identify/approach/interview and hire candidates?
4. Could you tell us a little bit about your experience with hiring PWDs within your company?
  - a. What have been some of the successes of working with PWDs? What are some challenges or obstacles you have faced? How did you overcome these?
  - b. What measures or accommodations do you make to ensure accessibility in work to your employees?
5. How would you describe the general situation of access to employment and small business opportunities for PWDs in your area?
  - a. Could you describe the nature and quality of economic opportunities available to PWDs? In your experience could you also comment on the impact and sustainability of the economic opportunities available? What facilitates or limits this?
6. What are some of the barriers that PWDs in your community face with regards to employment and/or entrepreneurship?
  - a. What are some supports that are available to facilitate PWDs access to employment/entrepreneurship?
  - b. How do these barriers and facilitators differ by Gender? How about by Type of Disability? How about by Age and other demographic factors?



7. Could you tell us a little bit about your involvement in disability inclusion? How about economic empowerment of PWDs? How does this relate to your roles and responsibilities? Why so?
- a. What changes and/or improvement have you seen in your area towards inclusion and empowerment of PWDs in recent years? Why do you feel so?
  - b. What are areas for improvement that you feel remain? Why so?
8. Access to Capital
- a. **Human Capital**  
Could you tell us a little bit about the opportunities for education/training/skilling available to PWDs in your community?  
What are some barriers/enablers for PWDs In this regard?
  - b. **Financial Capital**  
Could you tell us a little bit about access to financial services and financing for PWDs in your community?  
What are some barriers/enablers for PWDs In this regard?
  - c. **Social Capital**  
Could you tell us a little bit about access to and membership in support groups for PWDs in your community? SHGs? Other Community Groups?  
What are some barriers/enablers for PWDs In this regard?
9. What are some things that you feel can be done to further support the economic empowerment of PWDs in your area? What role do you feel your department will play in this?
- a. What are some challenges/barriers that you might face in the process?
  - b. What kind of support do you think you require?
10. Is there anything else you would like to share with us?

## Annexure III

### List of Investigators

Sr.	State	Investigators		
		Female	Male	Total
1.	Chhattisgarh	0	2	2
2.	Jharkhand	2	1	3
3.	Madhya Pradesh	0	2	2
4.	Odisha	0	2	2
5.	Rajasthan	0	1	1
6.	West Bengal	5	1	6

## Annexure IV

Sr.	Location	Date	Data Collected
1.	Mahasamund, Chhattisgarh	27th December 2022 - 29th December 2022	<ul style="list-style-type: none"> <li>Female SHG FGD (6 participants)</li> <li>Male SHG FGD (3 participants)</li> <li>Mixed Gender SHG FGD (5 participants)</li> <li>Mixed Gender OPD FGD (6 participants)</li> <li>Female Positive Deviant Interview</li> <li>Male Positive Deviant Interview</li> <li>Government Official Social Welfare Department Interview</li> <li>Government Official RSETI Interview</li> </ul>
2.	Katkamsandi & Chouparan, Jharkhand	7th February 2023 - 11th February, 2023	<ul style="list-style-type: none"> <li>Female SHG FGD (12 participants)</li> <li>Male SHG FGD (8 participants)</li> <li>Female OPD FGD (11 participants)</li> <li>Male OPD FGD (6 participants)</li> <li>Female Positive Deviant Interview</li> <li>Male Positive Deviant Interview</li> <li>Government Official PIA Interview</li> <li>Government Official RSETI Interview</li> <li>Govt Official BPM Interview</li> </ul>
3.	Katni, Madhya Pradesh	22nd January 2023 - 25th January, 2023	<ul style="list-style-type: none"> <li>Female SHG FGD (6 participants)</li> <li>Mixed Gender SHG FGD (7 participants)</li> <li>Mixed Gender OPD FGD (8 participants)</li> <li>Female Positive Deviant Interview</li> <li>Male Positive Deviant Interview</li> <li>Government Official NRLM Interview</li> <li>Government Official RSETI Interview</li> <li>Government Official SWD Interview</li> </ul>
4.	Junagarh, Odisha	13th March 2023 - 16th March, 2023	<ul style="list-style-type: none"> <li>Female SHG FGD (5 participants)</li> <li>Male SHG FGD (6 participants)</li> <li>Mixed Gender OPD FGD (15 participants)</li> <li>Female Positive Deviant Interview</li> <li>Male Positive Deviant Interview</li> <li>Private Employer Interview</li> <li>Government Official NRLM Interview</li> </ul>
5.	Bichhiwara, Rajasthan	7th February 2023 - 11th February, 2023	<ul style="list-style-type: none"> <li>Female SHG FGD (5 participants)</li> <li>Female OPD FGD (5 participants)</li> <li>Male OPD FGD (12 participants)</li> <li>Female Positive Deviant Interview</li> <li>Male Positive Deviant Interview</li> <li>Government Official RSETI Interview</li> <li>Government Official DM &amp; Block in-charge Group Interview</li> </ul>
6.	Amta II, West Bengal	16th January 2023 - 20th January, 2023	<ul style="list-style-type: none"> <li>Male OPD FGD (5 participants)</li> <li>Female OPD/SHG FGD (10 participants)</li> <li>Female Positive Deviant Interview (x2)</li> <li>Government Official Interview</li> </ul>

## Annexure V

### Key Indicators, By State

Indicator	State						
	CH	JH	MP	OD	RJ	WB	All
Currently Engaged in Work	36%	21%	29%	9%	61%	31%	34%
<i>Of those currently engaged in work:</i>							
Self-Employment	75%	38%	54%	25%	74%	36%	56%
Salaried Employment	8%	56%	9%	25%	8%	31%	20%
Casual Labour/Fixed Wage	17%	0%	36%	25%	18%	21%	19%
Average Income	₹6,917	₹10,750	₹4,545	₹7,250	₹10,379	₹5,210	₹8,083
<i>Individual Assets:</i>							
House	45%	45%	40%	59%	51%	16%	37%
Agricultural Land	39%	30%	24%	34%	45%	8%	27%
None	42%	16%	32%	7%	26%	49%	32%
Ability to meet sudden expenses without help from family and friends	18%	55%	3%	15%	32%	8%	22%
Make decisions about their own money	79%	39%	53%	66%	63%	63%	60%
Skipped a meal in the last 30 days	12%	48%	18%	85%	5%	30%	30%
Went an entire day without eating in the last 30 days	6%	45%	21%	77%	5%	6%	21%
Can read and write	67%	63%	79%	53%	69%	54%	62%
Completed secondary education or higher	15%	34%	38%	28%	25%	18%	24%
Have savings	18%	60%	34%	28%	42%	5%	29%
Borrowed in the past one year	36%	13%	53%	30%	30%	27%	29%
<i>Adequate access to services</i>							
Health Services	55%	1%	24%	38%	40%	45%	35%
Assistive Devices	21%	1%	0%	36%	6%	20%	12%
Rehabilitation Services	3%	0%	0%	13%	2%	11%	6%
<i>Membership in Groups:</i>							
Women's Groups (Females)	3%	39%	0%	13%	11%	8%	13%
OPD	15%	0%	11%	0%	0%	6%	4%
A little or no awareness of legal rights	94%	96%	91%	94%	92%	91%	92%

## Annexure VI

---

### List of Contributors

Mr RN Mohanty, Chief Executive Officer, Sightsavers India, Okhla Phase-III, New Delhi

Mr Prasannakumar, PN, Director, Operation, Sightsavers India, Okhla Phase-III, New Delhi

Dr Ananta Basudev Sahu, Senior Manager, Programme Performance Research and Learning, Okhla Phase III, New Delhi

Devprakash Ramakrishnan, Consultant, Sightsavers India, Okhla Phase-III, New Delhi

Aparna Bhasin, Chief Executive Officer, ABC Pvt Ltd

## Annexure VII

---

### Staff Involved in Household Survey, Social Inclusion Programme

Ms Jayashree Kumar, State Programme Lead, Madhya Pradesh

Mr Amaresh Pandey, State Programme Lead, Rajasthan

Ms Sampa Paul, State Programme Lead, West Bengal

Ms Sapna Sarika Surin, State Programme Lead, Jharkhand

Mr Siva Prasad Behera, State Programme Lead, Odisha

Ms Kamal Kumari Chakraborty, Assistant Manager, PPRL, East Area Office

Mr Jitendra Kumar, Senior Programme Officer, Jharkhand

Mr Sumit Suman Kar, Project Officer, Odisha

Ms Susweta Pal, Project Officer, West Bengal

Mr Vikram Singh, ABC Pvt Ltd

Mr Vivek Moha, ABC Pvt Ltd

Ms Pooja Sharma, ABC Pvt Ltd



Share **SightsaversIndia**



Follow **@SightsaversIN**



Watch **SightsaversIN**



Follow **@SightsaversIN**

#### **Registered office**

A-3, Shivdham, New Link Road,  
Kanchpada, Malad (west)  
Mumbai – 400 064  
Phone: +91 22 28820808/ 1919

#### **Country office**

45, Second Floor,  
Okhla Industrial Estate, Phase III  
New Delhi – 110 020  
Phone: +91 11 42267202 / +91 11 42384572  
Email: [indiaweb@sightsaversindia.org](mailto:indiaweb@sightsaversindia.org)

#### **Other offices**

No. 86, II Floor, Platinum Project  
Coles Road, Frazer Town,  
Bangalore – 560005

GC 104, Sector III, Salt Lake  
Kolkata – 700 106  
Phone: +91 33 40086225

E - 1/136, Arera Colony  
Bhopal – 462016  
Phone: +91 755 4292807

